

ORD INFORMATION  
RESOURCE CENTER, HCFA

# MEDICARE / MEDICAID NURSING HOME INFORMATION

MISSOURI

Part 1

ADRIAN to LEES SUMMIT



U.S. DEPARTMENT OF  
HEALTH AND HUMAN SERVICES  
HEALTH CARE FINANCING ADMINISTRATION

87/88





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Missouri  
Pt. 1

# **MEDICARE/MEDICAID NURSING HOME INFORMATION**

**1987-1988**

**MISSOURI**

**Part 1**

**ADRIAN TO LEES SUMMIT**

Otis R. Bowen, M.D.

Secretary

U.S. Department of Health & Human Services

William L. Roper, M.D.

Administrator

Health Care Financing Administration

The Health Care Financing Administration (HCFA) was established on March 9, 1977, to combine health financing and quality assurance programs into a single agency. HCFA is responsible for the Medicare program, Federal participation in the Medicaid program, the Peer Review Organization program, the survey and certification program, and a variety of other health care quality assurance programs.

The mission of HCFA is to ensure the effective administration of its programs in order to promote the timely delivery of appropriate, quality health care to over 56 million of the nation's aged, disabled and poor. The agency must also ensure that beneficiaries are aware of the services for which they are eligible, that those services are accessible and of high quality and that agency policies and actions promote efficiency and quality within the total health care delivery system.

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## INTRODUCTION

This publication is another significant step in the efforts of the Health Care Financing Administration to provide information to the public in an understandable and usable form. We believe we have an obligation as the federal agency responsible for the Medicare and Medicaid programs to provide a broad range of information about the health care paid for through these programs. Furthermore, we believe that this information is helpful to consumers, health care professionals, researchers, and the health care industry, and we intend to continue our efforts to expand and improve the information we release.

This publication focuses on nursing homes. This is clearly an area of critical concern to many Medicare and Medicaid beneficiaries, their families, and the public in general. As such, I can think of no more important area where we need to provide information to help consumers make informed decisions and to supply the nation's nursing homes information on their performance.

This information is the product of extensive consultation with many individuals, including recognized experts in long term care, consumer advocates, representatives of the nursing home industry, state governments, physicians and nursing home residents and their families. We are grateful for their assistance with this publication. We have made a great effort to make it as clear and useful as possible.

The primary purpose of this information is to provide a solid basis for further, informal inquiry. It is neither the final, definitive word on nursing home performance, nor a guide to answer all questions on selection of a nursing home. Rather, it provides a rich source of background materials on federal and state enforcement programs and considerable information on individual nursing homes.

When properly understood and used, this information is quite useful; it can also be misleading if interpreted incorrectly. To use this information properly, you should read carefully the introductory material, the sections on uses and limitations, how to read the profiles, and the glossary. These sections will assist you in correctly interpreting and making the best use of the information.

Because we realize the limitations of the information, especially in making individual judgments on specific nursing homes, we have included a section entitled, "Further Considerations." This section is designed to help individuals find additional sources of information and ask the kinds of questions that will provide the best information to help make personal decisions on nursing homes. We think individuals who use this information as a source document will be better informed about health care issues they or their family may face. We trust that as a result, they will make more informed and thus better decisions.

A handwritten signature in dark ink, reading "William L. Roper". The signature is fluid and cursive, with a large, stylized "W" and "R".

William L. Roper, M.D.  
Administrator

## USES AND LIMITATIONS

### Uses

The primary purpose of this report is to provide a ready source of understandable information about the population and performance of nursing homes. The information is most useful as a basis of inquiry, to assist in asking questions about individual facilities, trends and the enforcement process.

The information presented in this report is taken from the survey reports State surveyors fill out during their annual inspections of each nursing home that participates in Medicare and/or Medicaid. Copies of the full reports are available through the individual State survey agencies. The information describes what conditions were observed in the nursing home at the time of its most recent survey and it includes both:

- general information about a nursing home's population and the characteristics and care needs of its residents; and
- specific information about a nursing home's performance in terms of whether it was found to meet certain Federal requirements that provide some insight as to what kind of care the residents receive.

Making this information more accessible and understandable will benefit both the general public and the nursing home community. This type of information can help potential consumers first to ask knowledgeable questions of their physicians, nursing home representatives and long-term care ombudsmen and then to make informed decisions in the selection of a nursing home.

For example, the information will allow comparisons to be made among facilities as to the proportion of residents with severe skin problems, such as bed sores or other skin breakdowns. It is important to note, however, that while a high proportion of such residents might be indicative of poor quality care, it could also mean that the facility has special expertise in handling such problems and doctors refer their patients there. The consumer could then check related performance indicators (i.e., each resident receives care necessary to prevent skin breakdown; and each resident with a bed sore receives care necessary to promote the healing of the bed sore) to determine whether surveyors had identified any problems in this area and ask nursing home staff why so many residents were in need of special skin care. A subsequent section of this report (see "Further Considerations") provides an illustrative list of the types of questions that potential consumers might ask in the course of selecting a nursing home.

We expect that nursing homes, individually and as an industry, will find the information useful. It will provide information which will allow each facility to determine the health status of its residents in relation to other facilities in the State and the nation. It will also allow each facility to compare its compliance at the time of survey with the compliance of other nursing homes in the State and the nation. The information will also provide a valuable insight into the consistency of standards enforcement within a State and across the country.



## Limitations

When properly understood and used, this information can be of significant value. However, responsible use of the information depends on a thorough understanding of its limitations.

First, any valid interpretation of this information must take into account the fact that the information comprises the individual judgments of more than 3,000 surveyors in 53 separate State survey agencies. Variations in the deficiency information may in part reflect differences among States and individual surveyors in how requirements are interpreted and applied, rather than genuine differences in facility performance. Similarly, care practices in the field may vary from area to area and differences in the information may reflect these variations as well.

Second, the deficiency findings are not a complete picture of the quality of care in a nursing home. Deficiency findings are a measure of compliance or non-compliance with a particular requirement, and the requirements are minimum standards that nursing homes must meet to participate in Medicare and/or Medicaid. Moreover, the information in each profile describes deficiency findings for only 32 out of more than 500 Federal regulatory requirements that are evaluated during a survey. The absence of a deficiency means that the home met the minimum standard at the time of survey, but the information cannot identify nursing homes that are providing outstanding quality care.

A third limitation stems from the periodic nature of a deficiency-based survey process. Findings are recorded in the course of the survey and thus reflect a “snapshot” of the conditions in the nursing home at that time. The information does not describe the home’s success or failure in taking prompt corrective action to remedy problems. Similarly, there is no guarantee that those items in compliance with Federal requirements at the time of survey have remained in compliance.

Finally, the information reflects neither the duration nor the severity of identified deficiencies. A problem may represent a one-time failure of a single staff person, or it may represent an ongoing failure of the facility to provide acceptable quality care.

## DESCRIPTION OF THE SURVEY AND CERTIFICATION PROCESS

The process of qualifying nursing homes for participation in the Medicare and/or Medicaid programs is known as the survey and certification process. Nursing homes that are approved to take part in Medicare and/or Medicaid and therefore qualified to receive Federal and State funds are required to meet standards set by Federal regulations. These standards are the way the Federal and State governments make sure that nursing homes that receive public monies provide quality care to residents. The standards are developed by the Health Care Financing Administration (HCFA), Department of Health and Human Services (DHHS). The State survey agency in each State inspects (surveys) homes to make sure they meet health, safety, and quality standards. The surveyors are State employees who use Federal forms and standards. HCFA pays States for this survey activity. Information from these surveys is stored in a centralized computer system in Baltimore, Maryland, which is the headquarters of HCFA. The information published in this report was obtained from this system.

The State survey agencies are required to inspect nursing homes at least once a year and report their findings to State and Federal officials. During a survey, a team of surveyors tours a nursing home and looks at all areas of the nursing home that affect the quality of care that residents receive. The size and composition of survey teams, as well as the duration of surveys, vary in different States and in facilities of different sizes.

Surveyors observe how care is actually given to residents. Surveyors interview a sample of the residents and review their medical records. They evaluate the preparation of meals and eating assistance techniques. They check whether residents get prescribed medications in the proper dosage at the correct times. Surveyors also review the records of nursing homes, interview nursing home staff, and observe the home for cleanliness, comfort and safety. These are some examples of what surveyors do when they inspect a nursing home.

The surveyors record their findings on Federal forms. When the survey is completed, they meet with the nursing home officials to discuss their findings. If problems were found by the surveyors, the nursing home has to submit a written plan of correction telling how it plans to correct the problems. If a nursing home is found to have problems, it is given a reasonable amount of time to correct them. State survey agencies use various methods of follow-up review, including revisiting the home to assure that the needed correction has taken place.

If the problems are serious enough to threaten the health and safety of the residents and/or a nursing home fails to correct the problems, the home will not be allowed to continue to participate in the Medicare and/or Medicaid programs. Short of this action, HCFA and the States can also employ an array of other enforcement actions to bring about compliance with State and Federal requirements. Examples of possible actions include monetary fines, bans on new admissions, transfer of residents to other facilities, or placement of the facility in a receivership (i.e., temporary government-ordered management). A description of the certification and licensure program specific to this State is provided in the following section of this report.

## **SOURCES OF INFORMATION**

There are many sources you can go to in order to find out about a particular nursing home or about nursing homes in general. The best sources of information will likely be the State Health Department, the local or State long-term care ombudsman program or agency on aging. The ombudsman programs were established under the Older Americans Act to assist nursing home residents and those who represent them. See the "State Government" section below for information on how to contact the State ombudsman program.

Many other agencies and organizations have information on homes in order to make referrals to the public. It may be necessary to obtain information from several organizations before you find the information that you need or want.

### **Public and General Sources**

There are many public and general sources of information on nursing homes. Some of these are:

- Social services departments in local hospitals;
- Nursing home provider associations like the American Health Care Association or the American Association of Homes for the Aging;
- State nursing home associations;
- City or county welfare departments;
- Religious groups; and
- Better Business Bureaus, local consumer protection offices, and other consumer information groups.

Others who can offer valuable advice include physicians, social workers, clergymen and friends or relatives who have placed someone in a nursing home.

### **State Government**

The following pages give a description of the State licensure and enforcement programs. They also contain information about State government offices that you can contact to obtain information about nursing homes and about the State long-term care ombudsman program.





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DIRECTOR

### Overview of nursing home licensure program

The Missouri Division of Aging is responsible for the licensure of long term care providers. Licenses are issued for four levels of care provided by long term care facilities - Residential Care Facility I, Residential Care Facility II, Intermediate Care Facility and Skilled Nursing Facility. The types of services provided by these facilities varies from shelter, board, and protective oversight in a Residential Care Facility I to twenty-four hour per day nursing care under the direction of licensed nursing personnel in a Skilled Nursing Facility.

Any long term care facility which houses three or more residents needing any one of the four levels of care must be licensed by the Missouri Division of Aging. Licenses are issued for two year periods of time.

Any operator who has properly submitted an application and whose facility successfully passes an inspection conducted by Missouri Division of Aging personnel to determine compliance with state licensure rules and regulations is eligible to receive a license. Skilled and Intermediate Care facilities may also apply for certification in the Title XIX (Medicaid) and Title XVIII (Medicare) programs.

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Overview of enforcement system

Missouri nursing home regulations cover the areas of resident care and administration, dietary, construction, sanitation, fire safety, physical plant, resident's rights, and resident's funds and property. Each regulation is assigned a Class I, II, or III designation. A violation of a Class I standard is most severe representing imminent danger whereas a violation of a Class III standard is least severe representing indirect or potential impact on resident health and safety.

Inspections are conducted at least two times per year in each licensed facility by professional staff of the Division of Aging located in seven (7) regional offices throughout the state. Following each inspection, the facility is sent a statement of deficiencies. The provider is required to submit a plan of correction. Within 55 days a reinspection is conducted to determine if deficiencies are being corrected according to the approved correction plan. If the facility is not in compliance, a notice of noncompliance is issued which must be posted along with a copy of the most recent inspection report in a conspicuous location. The notice will indicate that any sanctions or remedies allowed by law may be imposed which include denial or revocation of license, probationary license, civil fines, criminal penalty for abuse, suspension of admissions, relocation of residents, and receivership. The Division of Aging Institutional Services Section also investigates complaints regarding long term care facilities.



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Resources available to consumers

State licensure inspections and surveys for participation in the Title XIX (Medicaid) and Title XVIII (Medicare) programs are conducted by regional office personnel of the Missouri Division of Aging Institutional Services Section. For names of regional managers, addresses and phone numbers of regional offices, and county breakdowns please refer to the attached list.

License and certification application material, state rules and regulations, federal interpretive guidelines, and nursing home directories may be obtained through the Licensure and Certification Unit of the Division of Aging.

Wanda Workman, Supervisor  
Licensure/Certification Unit  
Missouri Division of Aging  
P.O. Box 1337  
1440 Aaron Court  
Jefferson City, MO 65102  
314/751-2712

An ombudsman program is provided in nine locations throughout the state. It is coordinated through the Missouri Division of Aging. For more information contact:

Long Term Care Ombudsman  
Missouri Division of Aging  
P.O. Box 1337  
2701 West Main  
Jefferson City, MO 65102  
314/751-3082

Complaints regarding nursing home care are handled through an Elderly Abuse and Neglect Hotline available 24 hours per day. The phone number is 1-800-392-0210.

Reports of Medicaid fraud and abuse of funds can be made to the Missouri Division of Medicaid Services for possible investigation.

Missouri Division of Medical Services  
Utilization Review Unit  
P.O. Box 6500  
Jefferson City, MO 65102  
314/751-3399

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Nursing home inspection and survey information may be reviewed in either the Division of Aging Institutional Services Regional Offices or the central office in Jefferson City. For more information contact:

Linda Bonnot  
Central Information Unit  
Missouri Division of Aging  
P.O. Box 1337  
1440 Aaron Ct.  
Jefferson City, MO 65102  
314/751-2075

The Missouri Division of Aging coordinates or administers a variety of programs regarding services for the elderly including in home services, adult day care, Area Agencies on Aging, etc. To obtain further information, write or call:

Missouri Division of Aging  
P.O. Box 1337  
2701 W. Main  
Jefferson City, MO 65102  
314/751-3082

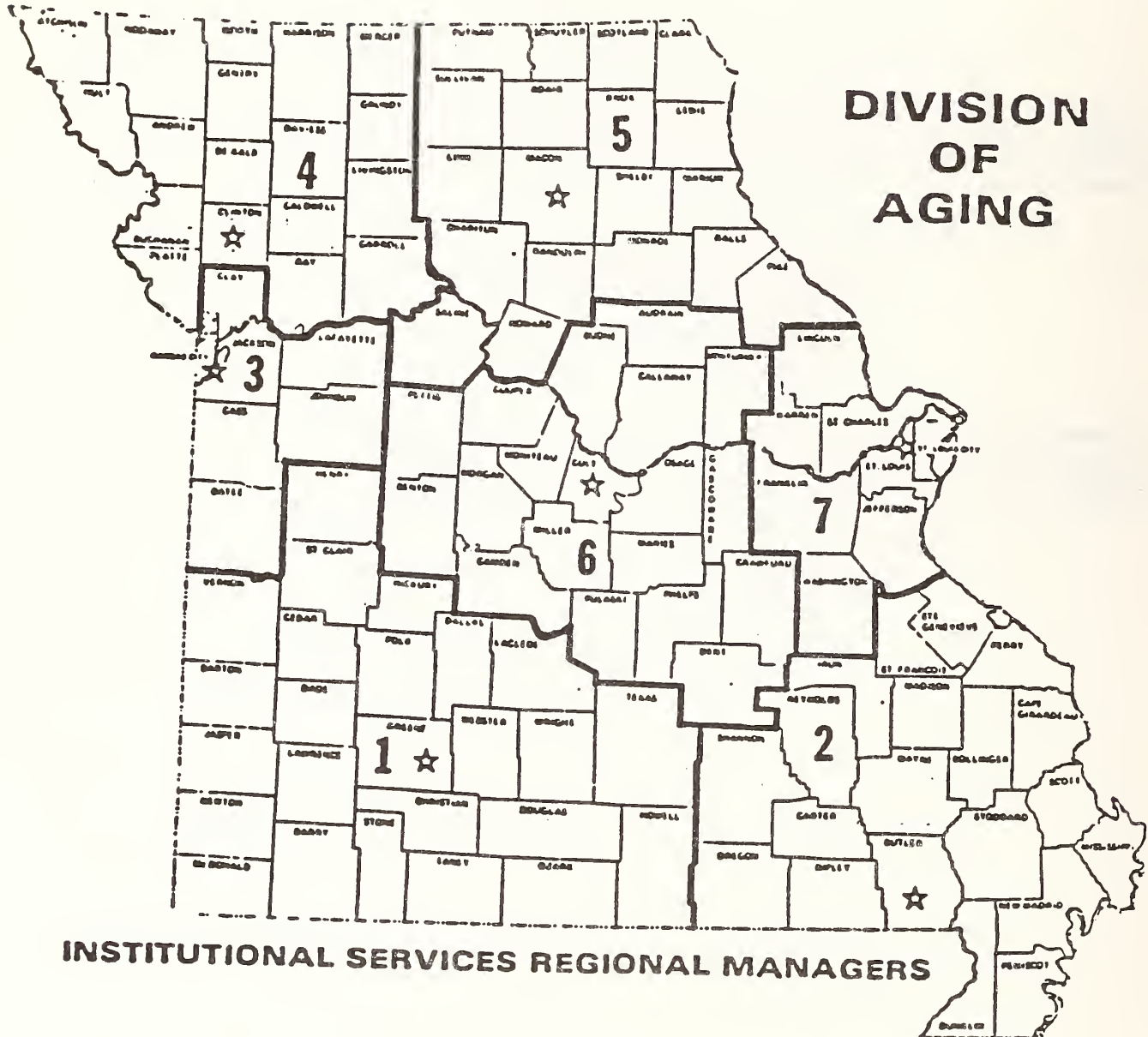
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Region 1

Carol Floyd  
149 Park Central Square  
Springfield, MO 65806  
(417) 868-3435

Region 2

Gilbert Taylor  
400 S. Broadway  
P.O. Box 1207  
Poplar Bluff, MO 63901  
(314) 785-7758

Region 3

Sandra Brook  
State Office Building  
615 E. 13th Street  
Kansas City, MO 64106  
(816) 472-2808  
(816) 472-2809  
(816) 472-2818  
(816) 472-2812

Region 4

Carroll Claybrook  
219 N. Chestnut  
P.O. Box 415  
Cameron, MO 64429  
(816) 632-6541

Region 5

Jim Williams  
313 N. Rollins  
Macon, MO 63552  
(816) 385-5763

Region 6

Terry Wenkel  
1440 Aaron Court  
P.O. Box 1337  
Jefferson City, MO 65102  
(314) 751-2075

Region 7

Pam Clark  
Wainwright Building  
111 North 7th Street, 5th Floor  
St. Louis, MO 63101  
(314) 444-7360

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## Hospital-Based Nursing Home Licensure Program

The purpose of the licensure regulations establishes standards for the administration, nursing staff and overall operation of nursing home units in hospitals to provide a high level of care. The care of the residents will be provided in such a manner and in such an environment as to promote the maintenance or enhancement of the quality of life of each resident. Services must be provided to allow the residents to attain or maintain the highest practicable physical, mental, and psychosocial well being.

The Department of Health through its Bureau of Hospital Licensing and Certification is responsible for organizing and implementing the program of licensure for the hospital-based nursing homes. The nursing homes shall be licensed as a part of the hospital in which it is located or to which it is attached. The hospital governing body shall be responsible for the overall planning, directing, control and management of the activities and functions of the nursing home unit. As a part of the hospital, the nursing home will be licensed on an annual basis.

## Enforcement System

Hospital-based nursing homes are scheduled for annual inspections and may be inspected more frequently if the Department of Health has reason to believe that conditions within the nursing home or the manner of operation of the nursing home is not consistent with established regulations. In instances when corrections or improvements are needed additional inspections will be made to determine that appropriate steps have been taken. In cases of noncompliance, sanctions may be imposed restricting payment for services provided and/or revocation or nonrenewal of the license.

## Resources Available to Consumers

Information concerning the location, size, ownership, inspection findings and licensure status can be obtained from the Chief, Bureau of Hospital Licensing and Certification, Department of Health, 1738 East Elm, P. O. Box 570, Jefferson City, Missouri 65102, 314/751-6302.

Complaints of abuse, neglect or exploitation of residents in the nursing home may be reported to the Chief, Bureau of Hospital Licensing and Certification or to the Division of Aging hotline phone 1-800-235-5503. This line is answered by social service workers and is available for your use 24 hours a day.

## **Federal Government**

Some agencies of the Department of Health and Human Services (DHHS) also have information about nursing homes. These agencies are:

### **Office of the Inspector General (OIG)**

The mission of the OIG is to maintain the integrity of DHHS' programs by investigating any reports of fraud, waste or abuse by doctors, hospitals or other providers of health care services such as nursing homes.

If you have reason to believe that a health care service provider is performing unnecessary or inappropriate services or is billing Medicare for services you did not receive, a toll-free Hot Line has been installed by the Department of Health and Human Services' Inspector General.

Toll Free Numbers

Outside Maryland: 1-(800) 368-5779

Inside Maryland: 1-(800) 638-3986

Note: Medicaid issues should first be referred to the appropriate State agency before contacting the OIG Hot Line. In most States, the State fraud and abuse units can be located through the State Office of the Attorney General.

### **Administration on Aging (AoA)**

The mission of the AoA is to administer the programs and related provisions of the Older Americans Act in a manner which:

- 1) creates and supports a national network on aging;
- 2) develops and oversees a responsive system of services and opportunities to meet the needs of the elderly; and
- 3) serves as a visible advocate on behalf of the elderly in the entire nation.

The Regional AoA Offices listed below can help to put you in touch with the appropriate State or local authorities, depending on the nature of your inquiry or concern.



## AoA Regional Offices

Regional Program Director, AoA  
DHHS Region I  
Room 2011  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1158

Regional Program Director, AoA  
DHHS Region III  
3535 Market Street  
P.O. Box 13716  
Philadelphia, PA 19101  
(215) 596-0334

Regional Program Director, AoA  
DHHS Region V  
13th Floor  
300 South Wacker Drive  
Chicago, IL 60606  
(312) 353-3141

Regional Program Director, AoA  
DHHS Region VII  
Room 384  
601 East 12th Street  
Kansas City, MO 64106  
(816) 426-2955

Regional Program Director, AoA  
DHHS Region IX  
Room 480  
Federal Office Building  
50 United Nations Plaza  
San Francisco, CA 94102  
(415) 556-6003

Regional Program Director, AoA  
DHHS Region II  
Room 4149  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3472

Regional Program Director, AoA  
DHHS Region IV  
Suite 903  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-5900

Regional Program Director, AoA  
DHHS Region VI  
Room 1000  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-2971

Regional Program Director, AoA  
DHHS Region VIII  
Room 1185  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-2951

Regional Program Director, AoA  
DHHS Region X  
The Third and Broad Building  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-5341

## Office for Civil Rights (OCR)

The mission of OCR is to enforce civil rights statutes that prohibit discrimination in DHHS' programs and to generate voluntary compliance. You may wish to contact an OCR office to report incidents of discrimination by a nursing home or to check on a facility's previous record in this regard.

### OCR Regional Offices

Director, OCR  
DHHS Region I  
Room 2403  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1340

Director, OCR  
DHHS Region III  
Room 6300  
3535 Market Street  
P.O. Box 13716  
Philadelphia, PA 19191  
(215) 596-1262

Director, OCR  
DHHS Region V  
33rd Floor  
300 South Wacker Drive  
Chicago, IL 60606  
(312) 353-2520

Director, OCR  
DHHS Region VII  
Room 248  
601 East 12th Street  
Kansas City, MO 64106  
(816) 426-7277

Director, OCR  
DHHS Region IX  
Room 322  
Federal Office Building  
50 United Nations Plaza  
San Francisco, CA 94102  
(415) 556-8586

Director, OCR  
DHHS Region II  
Room 3312  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3313

Director, OCR  
DHHS Region IV  
Room 1502  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-2779

Director, OCR  
DHHS Region VI  
Room 1360  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-4056

Director, OCR  
DHHS Region VIII  
Room 844  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-2024

Director, OCR  
DHHS Region X  
The Third and Broad Building  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-0473

## Health Care Financing Administration (HCFA)

The mission of HCFA is to administer the Medicare and Medicaid programs in a manner which promotes:

- 1) quality health care to eligible beneficiaries;
- 2) awareness of the services for which beneficiaries are eligible; and
- 3) efficiency and quality within the total health care delivery system.

Listed below are the HCFA offices responsible for overseeing the State survey and certification programs:

### HCFA Regional Offices

Associate Regional Administrator  
DHHS Region I, HCFA  
Division of Health Standards and Quality  
Room 1309  
JFK Federal Building  
Boston, MA 02203  
(617) 565-1331

Associate Regional Administrator  
DHHS Region III, HCFA  
Division of Health Standards and Quality  
3535 Market Street  
P.O. Box 7760  
Philadelphia, PA 19101  
(215) 596-0997

Associate Regional Administrator  
DHHS Region V, HCFA  
Division of Health Standards and Quality  
Room 941  
175 West Jackson Boulevard  
Chicago, IL 60604  
(312) 353-9804

Associate Regional Administrator  
DHHS Region VII, HCFA  
Division of Health Standards and Quality  
Room 284  
601 East 12th Street  
Kansas City, MO 64106  
(816) 374-2408

Associate Regional Administrator  
DHHS Region IX, HCFA  
Division of Health Standards and Quality  
100 Van Ness Avenue  
San Francisco, CA 94102  
(415) 556-0041

Associate Regional Administrator  
DHHS Region II, HCFA  
Division of Health Standards and Quality  
Room 3821  
26 Federal Plaza  
New York, NY 10278  
(212) 264-3219

Associate Regional Administrator  
DHHS Region IV, HCFA  
Division of Health Standards and Quality  
Suite 601  
101 Marietta Tower  
Atlanta, GA 30323  
(404) 331-2488

Associate Regional Administrator  
DHHS Region VI, HCFA  
Division of Health Standards and Quality  
Room 2000  
1200 Main Tower Building  
Dallas, TX 75202  
(214) 767-6301

Associate Regional Administrator  
DHHS Region VIII, HCFA  
Division of Health Standards and Quality  
Room 1194  
Federal Office Building  
1961 Stout Street  
Denver, CO 80294  
(303) 844-4721

Associate Regional Administrator  
DHHS Region X, HCFA  
Division of Health Standards and Quality  
2901 Third Avenue  
Seattle, WA 98121  
(206) 442-0511

If you wish to contact any of the DHHS agencies, the following list outlines which DHHS regional office has responsibility for your State.

Region I/Boston

Connecticut, Maine, Massachusetts,  
New Hampshire, Rhode Island, and  
Vermont

Region III/Philadelphia

Delaware, District of Columbia,  
Maryland, Pennsylvania, Virginia,  
and West Virginia

Region V/Chicago

Illinois, Indiana, Michigan,  
Minnesota, Ohio, and Wisconsin

Region VII/Kansas City

Iowa, Kansas, Missouri, and  
Nebraska

Region IX/San Francisco

Arizona, California, Hawaii,  
Nevada, American Samoa, and Guam

Region II/New York

New Jersey, New York,  
Puerto Rico, and  
Virgin Islands

Region IV/Atlanta

Alabama, Florida, Georgia,  
Kentucky, Mississippi,  
North Carolina, South Carolina,  
and Tennessee

Region VI/Dallas

Arkansas, Louisiana,  
New Mexico, Oklahoma, and  
Texas

Region VIII/Denver

Colorado, Montana,  
North Dakota, South Dakota,  
Utah, and Wyoming

Region X/Seattle

Alaska, Idaho, Oregon,  
and Washington



## FURTHER CONSIDERATIONS

The information presented in this report can be an important source for potential nursing home consumers and their families to consult during the process of selecting a nursing home. It is also important that potential consumers and their families ask questions of their physicians, nursing home personnel and consumer representatives (such as local long-term care ombudsmen) to help guide them in selecting the best possible facility to meet their needs. The best way to find out about a nursing home is to take the time to visit the home in person, if possible, before you make your choice.

Listed below are some examples of the kinds of questions that potential nursing home consumers should ask before selecting a home and some things you should do to find out about the home during your visit. These questions are intended to augment the information contained in this report. Keep in mind that they are not a comprehensive list but an illustrative list of suggested issues that should be considered in choosing a nursing home.

### General

- Find out who owns the home and whether it is approved for participation in the Medicare or Medicaid programs.
- Make an appointment to visit the home. Meet with the administrator, the director of nursing and the director of social services and ask them about the history of the home and the services it offers.
- Ask about the home's last survey, what problems were found and if and how they have been corrected. Ask whether the facility has been surveyed since the survey described in this report. You can ask to see the survey results.
- Ask whether the State has initiated any punitive actions against the home in the last 2 years, and if so, what actions were taken and how they were resolved. You may want to verify this information through other sources such as the State nursing home ombudsman.
- Ask about the home's admission policies and ask for a copy of any admission agreement that is required.
- Ask to see a copy of the home's residents' rights policy. Does the facility have any special programs/procedures to help educate residents and staff about their rights? You can observe for yourself during your visit how well the home is honoring these rights.
- Ask about the home's basic daily rate and what is included in the charges. Also ask how the home handles residents' personal funds, if such assistance is necessary.
- Find out about the home's visiting hours and what choices residents have as to the time they can get up, eat and go to bed.
- See if residents look well cared for and properly groomed. Do staff treat the residents with courtesy and respect? If the opportunity arises, chat with a resident or two to get their impressions.
- Find out if the home has an organized resident council or other type of resident group. How often does it meet and what are some of its activities and accomplishments? Also, is there an organized family council that family members can participate in?

## **Physical Environment**

- Ask for a tour of the facility and try to see all the major areas of the home, including dining areas and some residents' rooms.
- Note whether the home is an attractive, clean and comfortable place to be. Is it well-lit and ventilated and free of potential health hazards such as obstacles in hallways or underfoot? Is it free from insects and rodents?
- Look at the residents' lounge and other common areas and see if they look comfortable and whether they are used by residents. Do residents have the opportunity to sit outdoors in comfortable, safe surroundings?
- Check toilet and bathing facilities and note whether they are clean, sanitary and reasonably free of odors. Are they easily accessible to handicapped residents?
- Note whether residents' rooms have windows and access to the corridor. Does each resident have a reading light, comfortable chair, sufficient closet space? How many people are in each room and are there privacy curtains?

## **Medical and Nursing Services**

- Find out how medical care and direction is provided in the facility. Who is the medical director? Will a resident's personal physician be able to visit as needed, and cooperate with the medical director? What happens if hospital or emergency care is needed?
- Ask if the home specializes in providing any particular type of medical care. Be sure to inquire about how the home cares for residents who share your particular medical problems or care needs.
- Ask about the availability of specialized care to restore physical abilities lost due to illness or injury. Physical therapy, speech therapy and occupational therapy are examples of this type of specialized care.
- Ask how many registered nurses and licensed practical nurses are employed by the home and how many of each are on duty during days, evenings, nights and weekends. How many residents are under the care of each type of nurse?
- Ask how often a resident's medication schedule is reviewed for possible dosage reductions, adverse interactions or reactions, or expirations. Who is accountable for pharmaceutical services?
- Ask how the home provides dental care to its residents.

## **Food**

- Ask at what times meals are served and whether snacks are available. Ask to see the menus for a week. Are substitutions readily available?
- Observe how food is served. Does it look appetizing? Do residents appear to be enjoying their meals?

### **Social Services and Activities**

- Ask to see the schedule of activities for a week. Does the facility have a varied activities program suitable for residents with different interests and capabilities?
- Ask if there is an activities coordinator and see if there is suitable space available for activities.
- Find out whether the facility has a full-time social services director and ask what social services and mental health and other counseling services are available to residents and their families. Does the facility have specialized services/programs available for residents with special disorders and disabilities, including Alzheimer's Disease?

## GLOSSARY OF TERMS

### Resident Characteristics and Facility Performance Indicators

This glossary contains terms used to describe certain common features or characteristics of people who enter nursing facilities and common features or indicators of how well the facility provides quality care.

**Bed Sore.** A bed sore is an open sore that occurs more often to a resident with little muscle tissue or fat and who remains in one position for a long period of time. A bed sore may form on bony areas, such as at the base of the spine, heels, and ankles. Other names for a bed sore are “pressure sore” or “decubitus.”

**Catheter.** See Urinary Catheter.

**Colostomy or Ileostomy.** A resident who has serious intestinal difficulties may have surgery which creates an artificial opening at the abdomen for bowel movements. Colostomy or ileostomy care involves keeping the skin around the colostomy or ileostomy clean and free from sores. For a resident who wears a bag to collect bowel movements, care also involves emptying the bag regularly and keeping the bag free of odor.

**Fluids Supplied Through Tubes.** A resident who cannot eat enough food to stay healthy may receive nourishment in the form of fluids prescribed by a physician. These fluids are usually given by inserting a needle or a tube into a vein. Care involves making sure that the needle or tube stays free of germs and that it stays in the vein.

**Incompetent.** A resident who cannot make decisions because of impairments in mental ability may be called incompetent. This is often a legal term meaning a court has decided that the person cannot make decisions, but it is also used as a descriptive term.

**Injections.** Medicine given by inserting a needle into muscle or tissue.

**Isolation Techniques.** These are methods to ensure that infection does not spread from one part of a resident’s body to another, or from one resident to another.

**Rehabilitative Bowel and Bladder Training.** A resident with difficulty controlling bowel or bladder may participate in a program to learn to control these functions.

**Respiratory Care.** A resident who has trouble breathing may need assistance which may be given by breathing in extra oxygen or receiving medication. Respiratory care involves giving the amount of oxygen or medication in the way and in the amount that the doctor has ordered.

**Restraints.** Residents who need to be protected from hurting themselves or others may need to be restrained. One type of restraint is physical. For example, to keep a resident from falling out of a wheelchair a physician may prescribe a cloth protective device or a vest. Drugs (medications) may also be provided to treat and modify a resident’s physically aggressive behavior. However, medications must be prescribed in doses and for a length of time necessary to treat symptoms.



**Skin Breakdown.** When a resident remains in one position for a long period of time, his or her skin may be damaged. One of the first signals that this is happening is that reddened areas appear on the places where the resident has placed pressure from sitting in a chair or lying in bed. These reddened areas do not go away even after the positioning of the resident has been changed. If special care is not given, bed sores may develop. See **Bed Sore**.

**Suctioning.** A resident who is unable to cough up fluids or mucus in the air passages may have a tube inserted into the air passages to suck the fluids out. Care involves making sure that the fluids are removed as often as necessary and that the tube used is always free of germs.

**Tracheotomy Care.** A resident who has difficulty breathing may have an operation which makes a breathing passage from the base of the neck into the lungs. This opening is called a tracheotomy. Care involves keeping the breathing passage clean and free from congestion.

**Transferring.** This term has two meanings. First, it is used to describe the extent to which a resident is dependent on others to move from bed to chair, bed to toilet, chair to bath, etc. Transferring is also used to describe moving from one section of a facility to another or from one facility to another.

**Urinary Catheter.** A tube inserted into the bladder to remove urine.

## HOW TO READ THE INFORMATION

Before reading the individual nursing home profiles that make up this report, it would be helpful to understand the format and presentation of the information in each profile.

### EXAMPLE

## NURSING HOME PROFILE Happy Valley Nursing Home

Street Address:		City and State:	
Participation:	# of Beds:	Type of Ownership:	Survey Date:

The first 3 lines of the profile contain basic information about each nursing home. Following is an explanation of the items included:

**Name:** Self-explanatory  
**Street Address:** Self-explanatory  
**City and State:** Self-explanatory

**Participation:** The information in this block indicates whether the nursing home participates in the Medicare program, the Medicaid program, or both programs. In addition, this block identifies the level of care that the nursing home provides. These include:

**Skilled Nursing Facility (SNF)**—A nursing home which provides the level of care that comes closest to hospital care with 24-hour nursing services. Regular medical supervision and rehabilitation therapy are also provided. Generally, a skilled nursing facility cares for convalescent patients and those with long-term illnesses.

**Intermediate Care Facility (ICF)**—A nursing home which provides less extensive health related care and services. It has regular nursing service, but not around the clock. Most intermediate care facilities carry on rehabilitation programs, with an emphasis on personal care and social services. Mainly, these homes serve people who are not fully capable of living by themselves, yet are not necessarily ill enough to need 24-hour nursing care.

Many nursing homes participate in both the Medicare and Medicaid programs, and qualify as both skilled nursing facilities and intermediate care facilities.

**Number of Beds:** This is the total number of beds in the nursing home, including those that are approved for Medicare and Medicaid and those that are not. Many nursing homes have beds that are "private;" these are included in the number even though the facility does not receive Medicare or Medicaid money for them.

**Type of Ownership:** This block describes the type of organization that operates the nursing home. These include:

**Non-profit-religious**—A nursing home affiliated with a religious organization, governed by a board of directors and financed largely by contributions.

**Non-profit-private**—A nursing home not affiliated with a religious or a community based organization and financed largely by contributions.

**Non-profit-other**—A nursing home which is generally governed by a community based board of directors and financed largely by contributions.

**Proprietary**—A nursing home operated for profit.

**Government**—A nursing home primarily administered by the Federal government, the State, or the county, city or other local unit of government.

**Survey Date:** The day on which the nursing home inspection described in this report was completed. All of the information contained in the nursing home profile reflects the conditions on this date. Note that surveys are being conducted on an ongoing basis, and thus, more recent survey results may become available subsequent to publication of this report.

## EXAMPLE

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		78	83.0	81.0	81.0

The "Selected Resident Characteristics" section of the profile contains important information describing the population of the nursing home. Surveyors obtain this information from the facility at the time of survey. The first line of this section shows the total number of residents living in the home and indicates how many of the home's residents are Medicare or Medicaid recipients. Next, the profile tells how many of the nursing home's residents fall into each of 13 selected care categories. These categories reflect common characteristics of nursing home residents that relate to the amount and types of care that they need. They describe the degree of assistance required by residents in carrying out the basic activities of daily living (e.g., bathing, dressing, eating) as well as other characteristics that provide information on the health care needs of residents (e.g., residents who are unable to get out of bed without assistance, residents with special skin care needs, residents on bowel and bladder retraining programs.)

The example above shows the first care category included in each nursing home profile, "Bathing." Following is an explanation of information provided in the profile:

Column 1—Facility, #: Indicates that 78 residents of the nursing home require some or total assistance in bathing.

Column 2—Facility, %: Indicates that the 78 residents who require assistance in bathing represent 83% of the nursing home's total population.

Column 3—State, %: Indicates that, in the State where the nursing home is located, 81% of all skilled nursing facility residents require assistance in bathing.

Column 4—Nation, %: Indicates that, for the nation as a whole, 81% of all skilled nursing facility residents require assistance in bathing.

The profile then provides similar information for each of the remaining care categories. Note that many residents will be included in more than one of the care categories.

## EXAMPLE

### SELECTED PERFORMANCE INDICATORS

“Facility” column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. “State” and “Nation” columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. “Met” means that the facility is in compliance with the specific requirement. “Not Met” means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.

FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
	STATE		NATION	
	#	%	#	%
MET	6	5.0	489	5.0

The last section of the profile “Selected Performance Indicators,” tells about the nursing home’s performance in meeting Federal quality of care requirements. The profile includes 32 performance indicators selected for their usefulness in describing important aspects of a nursing home’s performance. Each indicator is based on a specific regulatory requirement that nursing homes must meet to participate in Medicare or Medicaid.

As shown in the example above, the profile indicates for each performance indicator whether the nursing home met or did not meet minimum Federal requirements on the date of its most recent inspection by State surveyors. Following is an explanation of the information provided in the sample profile for the first performance indicator, “The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.”

Column 1—Facility Met/Not Met: Shows either “Met” or “Not Met.” “Met” means that the nursing home performed satisfactorily in this area. “Not Met” would mean that the home did not perform satisfactorily in this area.

Column 2—State, #: Indicates that there were 6 skilled nursing facilities in the State that did not perform satisfactorily in this area.

Column 3—State, %: Indicates that the 6 facilities that did not perform satisfactorily represent 5% of the skilled nursing facilities in the State.

Column 4—Nation, #: Indicates that there were 489 skilled nursing facilities in the nation that did not perform satisfactorily in this area.

Column 5—Nation, %: Indicates that the 489 facilities that did not perform satisfactorily represent 5% of all skilled nursing facilities in the nation.





## NURSING HOME PROFILE ADRIAN MANOR NURSING HOME

<b>Street Address:</b>  BOX 425		<b>City and State:</b>  ADRIAN MO 64720	
<b>Participation:</b>  MEDICAID SNF/ICF	<b># of Beds:</b>  60	<b>Type of Ownership:</b>  NON-PROFIT OTHER	<b>Survey Date:</b>  03/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  60	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  40
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	58	96.7	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	57	95.0	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	51	85.0	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	80.0	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	48	80.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	31.7	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	23	38.3	45.4	50.8
<b>Residents requiring restraints.</b>	27	45.0	39.3	41.3
<b>Confused or disoriented residents.</b>	15	25.0	50.6	58.4
<b>Residents with bed sores.</b>	4	6.7	7.3	7.1
<b>Residents receiving special skin care.</b>	41	68.3	28.2	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ADVANCE NURSING & RESIDENTIAL CARE CTR

<b>Street Address:</b>		<b>City and State:</b>	
CORNER OF MASTERS & TILLEY POB 530		ADVANCE MO 63730	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	70	PROPRIETARY	01/22/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
56	0	51

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	55	98.2	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	52	92.9	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	30	53.6	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	71.4	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	35	62.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	26.8	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	35	62.5	45.4	50.8
<b>Residents requiring restraints.</b>	26	46.4	39.3	41.3
<b>Confused or disoriented residents.</b>	26	46.4	50.6	58.4
<b>Residents with bed sores.</b>	4	7.1	7.3	7.1
<b>Residents receiving special skin care.</b>	0	0.0	28.2	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE COLONIAL MANOR OF ALBANY

<b>Street Address:</b>		<b>City and State:</b>	
HWY E 136		ALBANY MO 64402	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	07/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
51	0	32

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	45	88.2	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	38	74.5	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	33	64.7	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	60.8	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	33	64.7	61.4	59.1
Residents on individually written bowel and bladder retraining program.	3	5.9	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	15.7	33.1	29.3
<b>Completely bedfast residents.</b>	3	5.9	2.0	3.6
<b>Residents confined to chairs.</b>	17	33.3	40.6	39.1
<b>Residents requiring restraints.</b>	20	39.2	35.5	31.7
<b>Confused or disoriented residents.</b>	29	56.9	49.0	55.8
<b>Residents with bed sores.</b>	7	13.7	5.7	4.7
<b>Residents receiving special skin care.</b>	8	15.7	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MCDONALD COUNTY NURSING CENTER

<b>Street Address:</b>  HWY 76 EAST		<b>City and State:</b>  ANDERSON MO 64831	
<b>Participation:</b>  MEDICAID SNF/ICF	<b># of Beds:</b>  100	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  01/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  79	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  71
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>  Residents requiring some or total assistance in bathing.	63	79.7	84.0	81.5
<b>Dressing</b>  Residents requiring some or total assistance in dressing.	63	79.7	81.7	83.2
<b>Toileting</b>  Residents requiring some or total assistance in toileting.	64	81.0	70.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	57.0	72.8	77.2
<b>Continence</b>  Residents with catheters or partial or total loss of bowel or bladder control.	46	58.2	64.6	68.2
 Residents on individually written bowel and bladder retraining program.	4	5.1	3.6	4.6
<b>Eating</b>  Residents receiving tube feedings or requiring assistance with eating.	28	35.4	36.9	37.7
 Completely bedfast residents.	2	2.5	3.0	3.4
 Residents confined to chairs.	57	72.2	45.4	50.8
 Residents requiring restraints.	43	54.4	39.3	41.3
 Confused or disoriented residents.	48	60.8	50.6	58.4
 Residents with bed sores.	8	10.1	7.3	7.1
 Residents receiving special skin care.	11	13.9	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6



## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COLONIAL MANOR NURS HOME

<b>Street Address:</b> BOX 98 600 N OHIO		<b>City and State:</b> APPLETON CITY MO 64724	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/22/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 58	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 32	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	41	70.7	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	45	77.6	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	42	72.4	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	69.0	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	42	72.4	61.4	59.1
Residents on individually written bowel and bladder retraining program.	1	1.7	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	48.3	33.1	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>	22	37.9	40.6	39.1
<b>Residents requiring restraints.</b>	29	50.0	35.5	31.7
<b>Confused or disoriented residents.</b>	28	48.3	49.0	55.8
<b>Residents with bed sores.</b>	2	3.4	5.7	4.7
<b>Residents receiving special skin care.</b>	5	8.6	27.7	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



# NURSING HOME PROFILE HILLVIEW LODGE INC

<b>Street Address:</b>		<b>City and State:</b>	
ROUTE 2 HIGHWAY 21 BOX 820A		ARNOLD MO 63010	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	153	PROPRIETARY	02/23/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
66	0	66

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	47	71.2	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	58	87.9	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	58	87.9	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	87.9	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	58	87.9	61.4	59.1
Residents on individually written bowel and bladder retraining program.	10	15.2	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	56.1	33.1	29.3
<b>Completely bedfast residents.</b>	5	7.6	2.0	3.6
<b>Residents confined to chairs.</b>	37	56.1	40.6	39.1
<b>Residents requiring restraints.</b>	37	56.1	35.5	31.7
<b>Confused or disoriented residents.</b>	33	50.0	49.0	55.8
<b>Residents with bed sores.</b>	5	7.6	5.7	4.7
<b>Residents receiving special skin care.</b>	25	37.9	27.7	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE WOODLAND MANOR NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
100 WOODLAND COURT		ARNOLD MO 63010	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	02/26/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
116	0	47

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	111	95.7	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	94	81.0	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	76	65.5	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	65.5	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	55	47.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	28.4	36.9	37.7
<b>Completely bedfast residents.</b>	1	0.9	3.0	3.4
<b>Residents confined to chairs.</b>	64	55.2	45.4	50.8
<b>Residents requiring restraints.</b>	38	32.8	39.3	41.3
<b>Confused or disoriented residents.</b>	45	38.8	50.6	58.4
<b>Residents with bed sores.</b>	29	25.0	7.3	7.1
<b>Residents receiving special skin care.</b>	25	21.6	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ASH GROVE NH

<b>Street Address:</b> 400 MEADOWVIEW		<b>City and State:</b> ASH GROVE MO 65604	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/19/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 60	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 23	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	42	70.0	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	47	78.3	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	36	60.0	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	60.0	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	56	93.3	61.4	59.1
Residents on individually written bowel and bladder retraining program.	5	8.3	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	35.0	33.1	29.3
<b>Completely bedfast residents.</b>	1	1.7	2.0	3.6
<b>Residents confined to chairs.</b>	36	60.0	40.6	39.1
<b>Residents requiring restraints.</b>	26	43.3	35.5	31.7
<b>Confused or disoriented residents.</b>	51	85.0	49.0	55.8
<b>Residents with bed sores.</b>	0	0.0	5.7	4.7
<b>Residents receiving special skin care.</b>	5	8.3	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE AURORA NURS CTR INC

<b>Street Address:</b> 1700 S HUDSON-PO BOX 438		<b>City and State:</b> AURORA MO 65605	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 127	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 11/05/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 120	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 107
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	73	60.8	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	97	80.8	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	81	67.5	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	88	73.3	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	65	54.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	30.8	36.9	37.7
<b>Completely bedfast residents.</b>	7	5.8	3.0	3.4
<b>Residents confined to chairs.</b>	80	66.7	45.4	50.8
<b>Residents requiring restraints.</b>	49	40.8	39.3	41.3
<b>Confused or disoriented residents.</b>	53	44.2	50.6	58.4
<b>Residents with bed sores.</b>	7	5.8	7.3	7.1
<b>Residents receiving special skin care.</b>	37	30.8	28.2	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CRESTVIEW HEALTHCARE

<b>Street Address:</b>		<b>City and State:</b>	
2001 S JEFFERSON STREET		AVA MO 65608	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	01/26/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
115	0	82

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	107	93.0	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	90	78.3	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	79	68.7	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	60.0	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	71	61.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	2.6	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	38	33.0	36.9	37.7
<b>Completely bedfast residents.</b>	9	7.8	3.0	3.4
<b>Residents confined to chairs.</b>	33	28.7	45.4	50.8
<b>Residents requiring restraints.</b>	45	39.1	39.3	41.3
<b>Confused or disoriented residents.</b>	31	27.0	50.6	58.4
<b>Residents with bed sores.</b>	13	11.3	7.3	7.1
<b>Residents receiving special skin care.</b>	57	49.6	28.2	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE CLAYTON ON THE GREEN NURSING CTR

<b>Street Address:</b> 15197 CLAYTON ROAD		<b>City and State:</b> BALLWIN MO 63011	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 176	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/26/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 176	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 37	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	172	97.7	84.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	145	82.4	81.7	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	141	80.1	70.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	137	77.8	72.8	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	128	72.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	31	17.6	3.6	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	112	63.6	36.9	37.7
<b>Completely bedfast residents.</b>	5	2.8	3.0	3.4
<b>Residents confined to chairs.</b>	96	54.5	45.4	50.8
<b>Residents requiring restraints.</b>	134	76.1	39.3	41.3
<b>Confused or disoriented residents.</b>	61	34.7	50.6	58.4
<b>Residents with bed sores.</b>	14	8.0	7.3	7.1
<b>Residents receiving special skin care.</b>	71	40.3	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BELLEVIEW VALLEY NURSING HOMES INC

<b>Street Address:</b> H C ROUTE 63 BOX 34		<b>City and State:</b> BELLEVIEW MO 63623	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 122	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 102	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 83
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	100	98.0	84.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	93	91.2	81.7	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	61	59.8	70.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	72.5	72.8	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	61	59.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	3.9	3.6	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	33	32.4	36.9	37.7
<b>Completely bedfast residents.</b>	3	2.9	3.0	3.4
<b>Residents confined to chairs.</b>	19	18.6	45.4	50.8
<b>Residents requiring restraints.</b>	0	0.0	39.3	41.3
<b>Confused or disoriented residents.</b>	16	15.7	50.6	58.4
<b>Residents with bed sores.</b>	4	3.9	7.3	7.1
<b>Residents receiving special skin care.</b>	0	0.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BEAUTIFUL SAVIOR HOME

<b>Street Address:</b> ROUTE 2 BOX 306		<b>City and State:</b> BELTON MO 64012	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 80	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 01/29/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
80	0	31			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	51	63.7	82.7	78.3	
Dressing					
Residents requiring some or total assistance in dressing.	65	81.3	80.2	76.7	
Toileting					
Residents requiring some or total assistance in toileting.	49	61.2	67.9	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	66.2	69.7	66.0	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	48	60.0	61.4	59.1	
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	33	41.2	33.1	29.3	
Completely bedfast residents.	1	1.2	2.0	3.6	
Residents confined to chairs.	40	50.0	40.6	39.1	
Residents requiring restraints.	15	18.8	35.5	31.7	
Confused or disoriented residents.	46	57.5	49.0	55.8	
Residents with bed sores.	4	5.0	5.7	4.7	
Residents receiving special skin care.	18	22.5	27.7	24.0	

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE HERITAGE OF ST LOUIS INC

<b>Street Address:</b> PO BOX 5606 4401 N HANLEY		<b>City and State:</b> BERKELEY MO 63121	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 11/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 84	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 74		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	67	79.8	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	61	72.6	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	79	94.0	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	60.7	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	45	53.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	4.8	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	21.4	36.9	37.7
<b>Completely bedfast residents.</b>	3	3.6	3.0	3.4
<b>Residents confined to chairs.</b>	26	31.0	45.4	50.8
<b>Residents requiring restraints.</b>	26	31.0	39.3	41.3
<b>Confused or disoriented residents.</b>	28	33.3	50.6	58.4
<b>Residents with bed sores.</b>	6	7.1	7.3	7.1
<b>Residents receiving special skin care.</b>	21	25.0	28.2	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BERTRAND RETIREMENT HOME

<b>Street Address:</b> 603 W HWY 62		<b>City and State:</b> BERTRAND MO 63823	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 40	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 40	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 30	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	40	100	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	30	75.0	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	29	72.5	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	27	67.5	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	27	67.5	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	37.5	33.1	29.3
<b>Completely bedfast residents.</b>	2	5.0	2.0	3.6
<b>Residents confined to chairs.</b>	21	52.5	40.6	39.1
<b>Residents requiring restraints.</b>	17	42.5	35.5	31.7
<b>Confused or disoriented residents.</b>	33	82.5	49.0	55.8
<b>Residents with bed sores.</b>	0	0.0	5.7	4.7
<b>Residents receiving special skin care.</b>	40	100	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

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**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BETHANY CARE CENTER

<b>Street Address:</b> P O BOX 273		<b>City and State:</b> BETHANY MO 64424	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 11/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 58	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 48		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	48	82.8	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	37	63.8	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	33	56.9	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	63.8	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	40	69.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	29.3	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	19	32.8	45.4	50.8
<b>Residents requiring restraints.</b>	16	27.6	39.3	41.3
<b>Confused or disoriented residents.</b>	17	29.3	50.6	58.4
<b>Residents with bed sores.</b>	1	1.7	7.3	7.1
<b>Residents receiving special skin care.</b>	9	15.5	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

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**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6



## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CRESTVIEW HOME, INC

<b>Street Address:</b>  BOX 430, JUNCTION HWY 69 & 13		<b>City and State:</b>  BETHANY MO 64424	
<b>Participation:</b>  MEDICAID SNF/ICF	<b># of Beds:</b>  120	<b>Type of Ownership:</b>  NON-PROFIT OTHER	<b>Survey Date:</b>  06/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  118	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  52
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	100	84.7	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	90	76.3	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	73	61.9	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	78.0	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	65	55.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	40	33.9	36.9	37.7
<b>Completely bedfast residents.</b>	3	2.5	3.0	3.4
<b>Residents confined to chairs.</b>	34	28.8	45.4	50.8
<b>Residents requiring restraints.</b>	28	23.7	39.3	41.3
<b>Confused or disoriented residents.</b>	41	34.7	50.6	58.4
<b>Residents with bed sores.</b>	5	4.2	7.3	7.1
<b>Residents receiving special skin care.</b>	16	13.6	28.2	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BIRCH VIEW NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
P O BOX 180 HIGHWAY WEST		BIRCH TREE MO 65438	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	90	PROPRIETARY	05/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>			
83	0	74			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		75	90.4	82.7	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		75	90.4	80.2	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		55	66.3	67.9	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		57	68.7	69.7	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		43	51.8	61.4	59.1
Residents on individually written bowel and bladder retraining program.		3	3.6	5.0	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		23	27.7	33.1	29.3
<b>Completely bedfast residents.</b>		2	2.4	2.0	3.6
<b>Residents confined to chairs.</b>		20	24.1	40.6	39.1
<b>Residents requiring restraints.</b>		33	39.8	35.5	31.7
<b>Confused or disoriented residents.</b>		25	30.1	49.0	55.8
<b>Residents with bed sores.</b>		3	3.6	5.7	4.7
<b>Residents receiving special skin care.</b>		43	51.8	27.7	24.0

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BLOOMFIELD NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
502 WEST MISSOURI STREET		BLOOMFIELD MO 63825	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	60	PROPRIETARY	12/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
60	0	55

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	60	100	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	73.3	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	30	50.0	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	30	50.0	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	30	50.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	48	80.0	36.9	37.7
<b>Completely bedfast residents.</b>	2	3.3	3.0	3.4
<b>Residents confined to chairs.</b>	16	26.7	45.4	50.8
<b>Residents requiring restraints.</b>	33	55.0	39.3	41.3
<b>Confused or disoriented residents.</b>	42	70.0	50.6	58.4
<b>Residents with bed sores.</b>	1	1.7	7.3	7.1
<b>Residents receiving special skin care.</b>	1	1.7	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BLUE SPRINGS CARE CTR

<b>Street Address:</b> 930 DUNCAN RD PO BOX 425		<b>City and State:</b> BLUE SPRINGS MO 64015	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 90	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 55	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	43	47.8	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	71	78.9	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	65	72.2	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	87.8	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	44	48.9	61.4	59.1
Residents on individually written bowel and bladder retraining program.	1	1.1	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	40	44.4	33.1	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>	29	32.2	40.6	39.1
<b>Residents requiring restraints.</b>	28	31.1	35.5	31.7
<b>Confused or disoriented residents.</b>	29	32.2	49.0	55.8
<b>Residents with bed sores.</b>	11	12.2	5.7	4.7
<b>Residents receiving special skin care.</b>	32	35.6	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ST MARYS MANOR

<b>Street Address:</b> 111 MOCK AVE		<b>City and State:</b> BLUE SPRINGS MO 64015	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 01/22/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 105	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 18	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	79	75.2	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	81	77.1	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	90	85.7	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	77.1	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	55	52.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	35.2	36.9	37.7
<b>Completely bedfast residents.</b>	4	3.8	3.0	3.4
<b>Residents confined to chairs.</b>	25	23.8	45.4	50.8
<b>Residents requiring restraints.</b>	43	41.0	39.3	41.3
<b>Confused or disoriented residents.</b>	43	41.0	50.6	58.4
<b>Residents with bed sores.</b>	4	3.8	7.3	7.1
<b>Residents receiving special skin care.</b>	18	17.1	28.2	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6



## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE BOLIVAR NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
1218 LOCUST		BOLIVAR MO 65613	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	108	NON-PROFIT OTHER	12/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
101	0	101	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	101	100	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	69	68.3	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	65	64.4	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	83	82.2	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	73	72.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	26.7	36.9	37.7
<b>Completely bedfast residents.</b>	5	5.0	3.0	3.4
<b>Residents confined to chairs.</b>	63	62.4	45.4	50.8
<b>Residents requiring restraints.</b>	64	63.4	39.3	41.3
<b>Confused or disoriented residents.</b>	88	87.1	50.6	58.4
<b>Residents with bed sores.</b>	7	6.9	7.3	7.1
<b>Residents receiving special skin care.</b>	28	27.7	28.2	31.2

## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.



## NURSING HOME PROFILE ASHLEY MANOR

<b>Street Address:</b>		<b>City and State:</b>	
RADIO HILL ROAD		BOONVILLE MO 65233	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	52	PROPRIETARY	11/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>			
37	0	37			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		30	81.1	82.7	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		33	89.2	80.2	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		30	81.1	67.9	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		37	100	69.7	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		27	73.0	61.4	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		6	16.2	33.1	29.3
<b>Completely bedfast residents.</b>		1	2.7	2.0	3.6
<b>Residents confined to chairs.</b>		18	48.6	40.6	39.1
<b>Residents requiring restraints.</b>		13	35.1	35.5	31.7
<b>Confused or disoriented residents.</b>		32	86.5	49.0	55.8
<b>Residents with bed sores.</b>		4	10.8	5.7	4.7
<b>Residents receiving special skin care.</b>		5	13.5	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	NOT MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COLONIAL GDNS RETIREMENT CTR

<b>Street Address:</b>		<b>City and State:</b>	
HWY 5 W		BOONVILLE MO 65233	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	96	PROPRIETARY	06/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
51	0	0		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	90.2	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	45	88.2	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	38	74.5	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	70.6	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	76.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	5.9	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	41	80.4	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	24	47.1	45.4	50.8
<b>Residents requiring restraints.</b>	25	49.0	39.3	41.3
<b>Confused or disoriented residents.</b>	31	60.8	50.6	58.4
<b>Residents with bed sores.</b>	3	5.9	7.3	7.1
<b>Residents receiving special skin care.</b>	6	11.8	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COOPER COUNTY MEMORIAL HOSPITAL

<b>Street Address:</b> ROUTE 1 HWY B PO BOX 88		<b>City and State:</b> BOONVILLE MO 65233	
<b>Participation:</b> MEDICARE SNF	<b># of Beds:</b> 20	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 03/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 10	<b>Medicare Residents:</b> 8	<b>Medicaid Residents:</b> 0
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	7	70.0	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	8	80.0	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	7	70.0	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	90.0	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	7	70.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	6	60.0	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	7	70.0	45.4	50.8
<b>Residents requiring restraints.</b>	0	0.0	39.3	41.3
<b>Confused or disoriented residents.</b>	7	70.0	50.6	58.4
<b>Residents with bed sores.</b>	0	0.0	7.3	7.1
<b>Residents receiving special skin care.</b>	7	70.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ROLLING HILLS NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
HWY 248 PO BOX 1249		BRANSON MO 65616	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	120	PROPRIETARY	10/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
59	0	50

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	58	98.3	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	50	84.7	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	50	84.7	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	88.1	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	46	78.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	3.4	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	50.8	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	41	69.5	45.4	50.8
<b>Residents requiring restraints.</b>	33	55.9	39.3	41.3
<b>Confused or disoriented residents.</b>	51	86.4	50.6	58.4
<b>Residents with bed sores.</b>	3	5.1	7.3	7.1
<b>Residents receiving special skin care.</b>	13	22.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SKAGGS COMMUNITY HOSPITAL (SNF)

<b>Street Address:</b>		<b>City and State:</b>	
CAHILL ROAD PO BOX 650		BRANSON MO 65616	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	14	NON-PROFIT OTHER	08/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
7	7	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	7	100	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	6	85.7	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	5	71.4	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	71.4	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	2	28.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	6	85.7	36.9	37.7
<b>Completely bedfast residents.</b>	2	28.6	3.0	3.4
<b>Residents confined to chairs.</b>	1	14.3	45.4	50.8
<b>Residents requiring restraints.</b>	0	0.0	39.3	41.3
<b>Confused or disoriented residents.</b>	0	0.0	50.6	58.4
<b>Residents with bed sores.</b>	1	14.3	7.3	7.1
<b>Residents receiving special skin care.</b>	3	42.9	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GOLDEN AGE NH

<b>Street Address:</b>		<b>City and State:</b>	
HWY 116 W		BRAYMER MO 64624	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	110	LOCAL GOVERNMENT	07/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
84	0	39

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	79	94.0	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	56	66.7	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	53	63.1	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	64	76.2	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	57	67.9	61.4	59.1
Residents on individually written bowel and bladder retraining program.	5	6.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	51.2	33.1	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>	52	61.9	40.6	39.1
<b>Residents requiring restraints.</b>	45	53.6	35.5	31.7
<b>Confused or disoriented residents.</b>	65	77.4	49.0	55.8
<b>Residents with bed sores.</b>	2	2.4	5.7	4.7
<b>Residents receiving special skin care.</b>	11	13.1	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BRIDGETON NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
12145 BRIDGETON SQUARE DRIVE		BRIDGETON MO 63044	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	120	PROPRIETARY	12/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
120	0	96

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	115	95.8	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	112	93.3	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	96	80.0	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	70.8	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	72	60.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	11	9.2	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	16.7	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	70	58.3	45.4	50.8
<b>Residents requiring restraints.</b>	48	40.0	39.3	41.3
<b>Confused or disoriented residents.</b>	8	6.7	50.6	58.4
<b>Residents with bed sores.</b>	11	9.2	7.3	7.1
<b>Residents receiving special skin care.</b>	65	54.2	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	NOT MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE DEPAUL COMMUNITY HEALTH CENTER

<b>Street Address:</b> 12303 DEPAUL DR		<b>City and State:</b> BRIDGETON MO 63044	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 82	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 02/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 79	<b>Medicare Residents:</b> 10	<b>Medicaid Residents:</b> 10		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	70	88.6	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	71	89.9	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	65	82.3	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	91.1	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	79.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	14	17.7	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	46.8	36.9	37.7
<b>Completely bedfast residents.</b>	4	5.1	3.0	3.4
<b>Residents confined to chairs.</b>	44	55.7	45.4	50.8
<b>Residents requiring restraints.</b>	33	41.8	39.3	41.3
<b>Confused or disoriented residents.</b>	44	55.7	50.6	58.4
<b>Residents with bed sores.</b>	7	8.9	7.3	7.1
<b>Residents receiving special skin care.</b>	54	68.4	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MARK TWAIN MANOR

<b>Street Address:</b>		<b>City and State:</b>	
11988 MARK TWAIN LANE		BRIDGETON MO 63044	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	10/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
111	0	71	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	103	92.8	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	89	80.2	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	87	78.4	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	107	96.4	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	74	66.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	7.2	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	40	36.0	36.9	37.7
<b>Completely bedfast residents.</b>	7	6.3	3.0	3.4
<b>Residents confined to chairs.</b>	64	57.7	45.4	50.8
<b>Residents requiring restraints.</b>	58	52.3	39.3	41.3
<b>Confused or disoriented residents.</b>	63	56.8	50.6	58.4
<b>Residents with bed sores.</b>	8	7.2	7.3	7.1
<b>Residents receiving special skin care.</b>	53	47.7	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BROOKFIELD NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
315 HUNT		BROOKFIELD MO 64628	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	120	PROPRIETARY	07/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
91	0	73

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	53	58.2	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	76	83.5	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	56	61.5	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	62.6	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	44	48.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.1	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	20.9	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	25	27.5	45.4	50.8
<b>Residents requiring restraints.</b>	24	26.4	39.3	41.3
<b>Confused or disoriented residents.</b>	37	40.7	50.6	58.4
<b>Residents with bed sores.</b>	6	6.6	7.3	7.1
<b>Residents receiving special skin care.</b>	17	18.7	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE MCLARNEY MANOR NH

<b>Street Address:</b> 116 E PRATT ST		<b>City and State:</b> BROOKFIELD MO 64628	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/02/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 59	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 18	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	47	79.7	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	48	81.4	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	42	71.2	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	76.3	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	38	64.4	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	22.0	33.1	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>	28	47.5	40.6	39.1
<b>Residents requiring restraints.</b>	17	28.8	35.5	31.7
<b>Confused or disoriented residents.</b>	34	57.6	49.0	55.8
<b>Residents with bed sores.</b>	7	11.9	5.7	4.7
<b>Residents receiving special skin care.</b>	32	54.2	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GRAND CHARITON MANOR INC

<b>Street Address:</b> 721 WEST FILMORE		<b>City and State:</b> BRUNSWICK MO 65236	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 59	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 48		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	48	81.4	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	41	69.5	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	39	66.1	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	34	57.6	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	42	71.2	61.4	59.1
Residents on individually written bowel and bladder retraining program.	6	10.2	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	30.5	33.1	29.3
<b>Completely bedfast residents.</b>	2	3.4	2.0	3.6
<b>Residents confined to chairs.</b>	26	44.1	40.6	39.1
<b>Residents requiring restraints.</b>	25	42.4	35.5	31.7
<b>Confused or disoriented residents.</b>	39	66.1	49.0	55.8
<b>Residents with bed sores.</b>	7	11.9	5.7	4.7
<b>Residents receiving special skin care.</b>	22	37.3	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HICKORY LANE CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
BOX 449 HICKORY & COOPER STREETS		BUFFALO MO 65622	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	01/13/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
94	11	83

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	83	88.3	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	85	90.4	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	70	74.5	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	71	75.5	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	68	72.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	4.3	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	36	38.3	36.9	37.7
<b>Completely bedfast residents.</b>	2	2.1	3.0	3.4
<b>Residents confined to chairs.</b>	35	37.2	45.4	50.8
<b>Residents requiring restraints.</b>	48	51.1	39.3	41.3
<b>Confused or disoriented residents.</b>	52	55.3	50.6	58.4
<b>Residents with bed sores.</b>	7	7.4	7.3	7.1
<b>Residents receiving special skin care.</b>	30	31.9	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HEARTLAND WILLOW LANE NURSING CENTER

<b>Street Address:</b> 416 S HIGH		<b>City and State:</b> BUTLER MO 64730	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/27/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 100	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 65
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	74	74.0	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	84	84.0	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	60.0	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	62.0	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	49	49.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	32	32.0	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	69	69.0	45.4	50.8
<b>Residents requiring restraints.</b>	50	50.0	39.3	41.3
<b>Confused or disoriented residents.</b>	53	53.0	50.6	58.4
<b>Residents with bed sores.</b>	5	5.0	7.3	7.1
<b>Residents receiving special skin care.</b>	3	3.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MEDICAL LODGE OF BUTLER

<b>Street Address:</b> RT 4 BOX 130		<b>City and State:</b> BUTLER MO 64730	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/01/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 82	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 51			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		79	96.3	82.7	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		59	72.0	80.2	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		57	69.5	67.9	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		55	67.1	69.7	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		54	65.9	61.4	59.1
Residents on individually written bowel and bladder retraining program.		2	2.4	5.0	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		34	41.5	33.1	29.3
<b>Completely bedfast residents.</b>		2	2.4	2.0	3.6
<b>Residents confined to chairs.</b>		45	54.9	40.6	39.1
<b>Residents requiring restraints.</b>		37	45.1	35.5	31.7
<b>Confused or disoriented residents.</b>		52	63.4	49.0	55.8
<b>Residents with bed sores.</b>		5	6.1	5.7	4.7
<b>Residents receiving special skin care.</b>		45	54.9	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE KABUL NH

<b>Street Address:</b> 920 WEST MAIN		<b>City and State:</b> CABOOL MO 65445	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 82	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 07/15/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
80	0	0			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		67	83.7	84.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		68	85.0	81.7	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		66	82.5	70.9	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		64	80.0	72.8	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		75	93.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.6	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		38	47.5	36.9	37.7
<b>Completely bedfast residents.</b>		0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>		49	61.2	45.4	50.8
<b>Residents requiring restraints.</b>		53	66.2	39.3	41.3
<b>Confused or disoriented residents.</b>		60	75.0	50.6	58.4
<b>Residents with bed sores.</b>		2	2.5	7.3	7.1
<b>Residents receiving special skin care.</b>		14	17.5	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CALIFORNIA CARE CTR

<b>Street Address:</b>		<b>City and State:</b>	
HIGHWAY 87 SOUTH		CALIFORNIA MO 65018	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	60	PROPRIETARY	12/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
59		0		47	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		59	100	84.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		48	81.4	81.7	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		27	45.8	70.9	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		53	89.8	72.8	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		55	93.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.		7	11.9	3.6	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		27	45.8	36.9	37.7
<b>Completely bedfast residents.</b>		0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>		26	44.1	45.4	50.8
<b>Residents requiring restraints.</b>		33	55.9	39.3	41.3
<b>Confused or disoriented residents.</b>		55	93.2	50.6	58.4
<b>Residents with bed sores.</b>		3	5.1	7.3	7.1
<b>Residents receiving special skin care.</b>		9	15.3	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CAMDENTON WINDSOR ESTATES

<b>Street Address:</b>		<b>City and State:</b>	
NORTH 5 HIGHWAY P O BOX 812		CAMDENTON MO 65020	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	10/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
58	0	44

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	37	63.8	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	46	79.3	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	46	79.3	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	75.9	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	41	70.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	24	41.4	36.9	37.7
<b>Completely bedfast residents.</b>	4	6.9	3.0	3.4
<b>Residents confined to chairs.</b>	31	53.4	45.4	50.8
<b>Residents requiring restraints.</b>	25	43.1	39.3	41.3
<b>Confused or disoriented residents.</b>	23	39.7	50.6	58.4
<b>Residents with bed sores.</b>	5	8.6	7.3	7.1
<b>Residents receiving special skin care.</b>	15	25.9	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CAMERON MANOR NURS HOME

<b>Street Address:</b> RT 1 BOX 210A		<b>City and State:</b> CAMERON MO 64429	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 57	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 30	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	37	64.9	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	45	78.9	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	43	75.4	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	66.7	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	29	50.9	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	31.6	33.1	29.3
<b>Completely bedfast residents.</b>	2	3.5	2.0	3.6
<b>Residents confined to chairs.</b>	15	26.3	40.6	39.1
<b>Residents requiring restraints.</b>	18	31.6	35.5	31.7
<b>Confused or disoriented residents.</b>	14	24.6	49.0	55.8
<b>Residents with bed sores.</b>	2	3.5	5.7	4.7
<b>Residents receiving special skin care.</b>	12	21.1	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE INDIAN HILLS NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
OLD HIGHWAY 36 WEST BOX 373		CAMERON MO 64429	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	84	PROPRIETARY	01/21/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
62	0	51		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	53	85.5	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	43	69.4	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	42	67.7	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	33	53.2	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	58.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	48.4	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	18	29.0	45.4	50.8
<b>Residents requiring restraints.</b>	28	45.2	39.3	41.3
<b>Confused or disoriented residents.</b>	12	19.4	50.6	58.4
<b>Residents with bed sores.</b>	4	6.5	7.3	7.1
<b>Residents receiving special skin care.</b>	29	46.8	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE THE VILLAGE

<b>Street Address:</b> 320 E LITTLE BRICK		<b>City and State:</b> CAMERON MO 64429	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 28	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 18		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 7	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		10	55.6	82.7	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		6	33.3	80.2	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		3	16.7	67.9	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		0	0.0	69.7	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		4	22.2	61.4	59.1
Residents on individually written bowel and bladder retraining program.		1	5.6	5.0	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		0	0.0	33.1	29.3
<b>Completely bedfast residents.</b>		0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>		2	11.1	40.6	39.1
<b>Residents requiring restraints.</b>		1	5.6	35.5	31.7
<b>Confused or disoriented residents.</b>		1	5.6	49.0	55.8
<b>Residents with bed sores.</b>		0	0.0	5.7	4.7
<b>Residents receiving special skin care.</b>		1	5.6	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

<b>Reminder:</b> These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GENERAL BAPTIST NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
RT 2 BX 230		CAMPBELL MO 63933	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	90	NON-PROFIT OTHER	05/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
89	0	59

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	37	41.6	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	54	60.7	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	54	60.7	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	60.7	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	68	76.4	61.4	59.1
Residents on individually written bowel and bladder retraining program.	5	5.6	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	33.7	33.1	29.3
<b>Completely bedfast residents.</b>	6	6.7	2.0	3.6
<b>Residents confined to chairs.</b>	24	27.0	40.6	39.1
<b>Residents requiring restraints.</b>	43	48.3	35.5	31.7
<b>Confused or disoriented residents.</b>	23	25.8	49.0	55.8
<b>Residents with bed sores.</b>	1	1.1	5.7	4.7
<b>Residents receiving special skin care.</b>	12	13.5	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LEWIS COUNTY NURSING HOME DISTRICT

<b>Street Address:</b>		<b>City and State:</b>	
BOX 269 HIGHWAY 81 NORTH		CANTON MO 63435	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	90	NON-PROFIT OTHER	03/30/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
90	0	90	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	70	77.8	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	71	78.9	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	66.7	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	73.3	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	68	75.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	28	31.1	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	25.6	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	11	12.2	45.4	50.8
<b>Residents requiring restraints.</b>	43	47.8	39.3	41.3
<b>Confused or disoriented residents.</b>	47	52.2	50.6	58.4
<b>Residents with bed sores.</b>	0	0.0	7.3	7.1
<b>Residents receiving special skin care.</b>	37	41.1	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CAPE GIRARDEAU CARE CTR INC

<b>Street Address:</b> 2525 BOUTIN DR		<b>City and State:</b> CAPE GIRARDEAU MO 63701	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 02/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 113		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 67			
				FACILITY		STATE	NATION
				#	%	%	%
<b>Bathing</b>							
Residents requiring some or total assistance in bathing.				82	72.6	82.7	78.3
<b>Dressing</b>							
Residents requiring some or total assistance in dressing.				80	70.8	80.2	76.7
<b>Toileting</b>							
Residents requiring some or total assistance in toileting.				75	66.4	67.9	63.4
<b>Transferring</b>							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				78	69.0	69.7	66.0
<b>Continence</b>							
Residents with catheters or partial or total loss of bowel or bladder control.				57	50.4	61.4	59.1
Residents on individually written bowel and bladder retraining program.				0	0.0	5.0	6.1
<b>Eating</b>							
Residents receiving tube feedings or requiring assistance with eating.				36	31.9	33.1	29.3
<b>Completely bedfast residents.</b>				1	0.9	2.0	3.6
<b>Residents confined to chairs.</b>				39	34.5	40.6	39.1
<b>Residents requiring restraints.</b>				56	49.6	35.5	31.7
<b>Confused or disoriented residents.</b>				53	46.9	49.0	55.8
<b>Residents with bed sores.</b>				3	2.7	5.7	4.7
<b>Residents receiving special skin care.</b>				41	36.3	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

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**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CAPE GIRARDEAU NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
2852 INDEPENDENCE STREET		CAPE GIRARDEAU MO 63701	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	02/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
101	2	85	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	60	59.4	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	75	74.3	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	36	35.6	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	69	68.3	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	56	55.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	34.7	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	63	62.4	45.4	50.8
<b>Residents requiring restraints.</b>	38	37.6	39.3	41.3
<b>Confused or disoriented residents.</b>	32	31.7	50.6	58.4
<b>Residents with bed sores.</b>	7	6.9	7.3	7.1
<b>Residents receiving special skin care.</b>	7	6.9	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CHATEAU GIRARDEAU

<b>Street Address:</b>		<b>City and State:</b>	
3120 INDEPENDENCE ST		CAPE GIRARDEAU MO 63701	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	60	NON-PROFIT OTHER	08/18/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
35	0	0	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	35	100	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	32	91.4	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	25	71.4	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	62.9	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	22	62.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	28.6	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	4	11.4	45.4	50.8
<b>Residents requiring restraints.</b>	10	28.6	39.3	41.3
<b>Confused or disoriented residents.</b>	12	34.3	50.6	58.4
<b>Residents with bed sores.</b>	1	2.9	7.3	7.1
<b>Residents receiving special skin care.</b>	35	100	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE THE LUTHERAN HOME

<b>Street Address:</b>		<b>City and State:</b>	
2825 BLOOMFIELD		CAPE GIRARDEAU MO 63701	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	04/06/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
119	0	37	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	118	99.2	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	110	92.4	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	88	73.9	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	68.9	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	66	55.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.8	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	75	63.0	36.9	37.7
<b>Completely bedfast residents.</b>	3	2.5	3.0	3.4
<b>Residents confined to chairs.</b>	50	42.0	45.4	50.8
<b>Residents requiring restraints.</b>	48	40.3	39.3	41.3
<b>Confused or disoriented residents.</b>	65	54.6	50.6	58.4
<b>Residents with bed sores.</b>	4	3.4	7.3	7.1
<b>Residents receiving special skin care.</b>	119	100	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE THE LUTHERAN HOME II

<b>Street Address:</b>		<b>City and State:</b>	
2825 BLOOMFIELD ROAD		CAPE GIRARDEAU MO 63701	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	60	NON-PROFIT RELIGIOUS	04/07/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
58	0	32	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	49	84.5	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	46	79.3	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	39	67.2	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	29	50.0	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	62.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	27.6	36.9	37.7
<b>Completely bedfast residents.</b>	2	3.4	3.0	3.4
<b>Residents confined to chairs.</b>	11	19.0	45.4	50.8
<b>Residents requiring restraints.</b>	20	34.5	39.3	41.3
<b>Confused or disoriented residents.</b>	53	91.4	50.6	58.4
<b>Residents with bed sores.</b>	5	8.6	7.3	7.1
<b>Residents receiving special skin care.</b>	8	13.8	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	NOT MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CARROLLTON NUR CTR

<b>Street Address:</b> 1502 NO JEFFERSON		<b>City and State:</b> CARROLLTON MO 64633	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 107	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 74	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	83	77.6	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	81	75.7	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	68	63.6	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	70.1	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	104	97.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	85	79.4	36.9	37.7
<b>Completely bedfast residents.</b>	3	2.8	3.0	3.4
<b>Residents confined to chairs.</b>	70	65.4	45.4	50.8
<b>Residents requiring restraints.</b>	70	65.4	39.3	41.3
<b>Confused or disoriented residents.</b>	76	71.0	50.6	58.4
<b>Residents with bed sores.</b>	5	4.7	7.3	7.1
<b>Residents receiving special skin care.</b>	18	16.8	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE REGENCY CARE CENTER OF CARTHAGE

<b>Street Address:</b> 1901 BUENA VISTA		<b>City and State:</b> CARTHAGE MO 64836	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 110	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 99	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 78	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	63	63.6	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	85	85.9	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	60.6	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	48.5	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	51	51.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	20.2	36.9	37.7
<b>Completely bedfast residents.</b>	3	3.0	3.0	3.4
<b>Residents confined to chairs.</b>	50	50.5	45.4	50.8
<b>Residents requiring restraints.</b>	17	17.2	39.3	41.3
<b>Confused or disoriented residents.</b>	25	25.3	50.6	58.4
<b>Residents with bed sores.</b>	10	10.1	7.3	7.1
<b>Residents receiving special skin care.</b>	31	31.3	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## ST LUKE'S NURSING CTR INC

<b>Street Address:</b>		<b>City and State:</b>	
1220 E FAIRVIEW		CARTHAGE MO 64836	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	120	NON-PROFIT OTHER	08/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
119	0	37

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	108	90.8	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	89	74.8	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	82	68.9	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	96	80.7	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	77	64.7	61.4	59.1
Residents on individually written bowel and bladder retraining program.	1	0.8	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	43	36.1	33.1	29.3
<b>Completely bedfast residents.</b>	2	1.7	2.0	3.6
<b>Residents confined to chairs.</b>	31	26.1	40.6	39.1
<b>Residents requiring restraints.</b>	47	39.5	35.5	31.7
<b>Confused or disoriented residents.</b>	50	42.0	49.0	55.8
<b>Residents with bed sores.</b>	1	0.8	5.7	4.7
<b>Residents receiving special skin care.</b>	69	58.0	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

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**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CARUTHERSVILLE NOURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
500 TRUMAN BOULEVARD		CARUTHERSVILLE MO 63830	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	120	PROPRIETARY	09/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
111	0	101	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	81	73.0	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	79	71.2	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	78	70.3	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	51.4	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	66	59.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	31	27.9	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	37	33.3	45.4	50.8
<b>Residents requiring restraints.</b>	52	46.8	39.3	41.3
<b>Confused or disoriented residents.</b>	40	36.0	50.6	58.4
<b>Residents with bed sores.</b>	4	3.6	7.3	7.1
<b>Residents receiving special skin care.</b>	2	1.8	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE RED ROSE INN OF CASSVILLE

<b>Street Address:</b>		<b>City and State:</b>	
RT 1, OLD EXETER RD		CASSVILLE MO 65625	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	90	PROPRIETARY	07/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
83	0	70	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	60	72.3	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	62	74.7	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	56	67.5	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	81	97.6	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	54	65.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	4.8	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	30.1	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	53	63.9	45.4	50.8
<b>Residents requiring restraints.</b>	54	65.1	39.3	41.3
<b>Confused or disoriented residents.</b>	61	73.5	50.6	58.4
<b>Residents with bed sores.</b>	3	3.6	7.3	7.1
<b>Residents receiving special skin care.</b>	28	33.7	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE THE CEDARS NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
6400 THE CEDARS COURT		CEDAR HILL MO 63016	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	120	PROPRIETARY	09/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
93	0	42	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	89	95.7	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	75	80.6	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	63	67.7	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	65	69.9	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	67.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	26.9	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	57	61.3	45.4	50.8
<b>Residents requiring restraints.</b>	39	41.9	39.3	41.3
<b>Confused or disoriented residents.</b>	37	39.8	50.6	58.4
<b>Residents with bed sores.</b>	14	15.1	7.3	7.1
<b>Residents receiving special skin care.</b>	39	41.9	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement, "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HERITAGE HALL NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
750 EAST HIGHWAY 22		CENTRALIA MO 65240	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	06/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
59	0	51

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	44	74.6	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	41	69.5	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	36	61.0	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	64.4	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	33	55.9	61.4	59.1
Residents on individually written bowel and bladder retraining program.	2	3.4	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	35	59.3	33.1	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>	12	20.3	40.6	39.1
<b>Residents requiring restraints.</b>	23	39.0	35.5	31.7
<b>Confused or disoriented residents.</b>	28	47.5	49.0	55.8
<b>Residents with bed sores.</b>	2	3.4	5.7	4.7
<b>Residents receiving special skin care.</b>	14	23.7	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CHAFFEE NURSING CENTER

<b>Street Address:</b> HWY 77 NORTH PO BOX 68		<b>City and State:</b> CHAFFEE MO 63740	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 28	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/16/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 15		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 13	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		12	80.0	84.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		12	80.0	81.7	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		10	66.7	70.9	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		13	86.7	72.8	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		4	26.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.6	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		2	13.3	36.9	37.7
<b>Completely bedfast residents.</b>		0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>		0	0.0	45.4	50.8
<b>Residents requiring restraints.</b>		4	26.7	39.3	41.3
<b>Confused or disoriented residents.</b>		5	33.3	50.6	58.4
<b>Residents with bed sores.</b>		0	0.0	7.3	7.1
<b>Residents receiving special skin care.</b>		5	33.3	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CHARLESTON MANOR

<b>Street Address:</b>		<b>City and State:</b>	
1220 E MARSHALL		CHARLESTON MO 63834	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	03/24/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
101	1	95

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	101	100	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	66	65.3	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	63	62.4	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	55.4	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	48	47.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	13.9	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	7	6.9	45.4	50.8
<b>Residents requiring restraints.</b>	42	41.6	39.3	41.3
<b>Confused or disoriented residents.</b>	38	37.6	50.6	58.4
<b>Residents with bed sores.</b>	2	2.0	7.3	7.1
<b>Residents receiving special skin care.</b>	20	19.8	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE THE WESTCHESTER HOUSE

<b>Street Address:</b> 550 WHITE ROAD		<b>City and State:</b> CHESTERFIELD MO 63017	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 164	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 89	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 0
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	71	79.8	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	69	77.5	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	80	89.9	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	70	78.7	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	65	73.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	44	49.4	36.9	37.7
<b>Completely bedfast residents.</b>	4	4.5	3.0	3.4
<b>Residents confined to chairs.</b>	63	70.8	45.4	50.8
<b>Residents requiring restraints.</b>	46	51.7	39.3	41.3
<b>Confused or disoriented residents.</b>	57	64.0	50.6	58.4
<b>Residents with bed sores.</b>	6	6.7	7.3	7.1
<b>Residents receiving special skin care.</b>	6	6.7	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CHESTERFIELD MANOR INC

<b>Street Address:</b> 14001 OLIVE ST RD		<b>City and State:</b> CHESTERFIELD MO 63017	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 136	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/09/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 60	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 60	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	57	95.0	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	58	96.7	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	38	63.3	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	61.7	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	45	75.0	61.4	59.1
Residents on individually written bowel and bladder retraining program.	2	3.3	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	20.0	33.1	29.3
<b>Completely bedfast residents.</b>	1	1.7	2.0	3.6
<b>Residents confined to chairs.</b>	24	40.0	40.6	39.1
<b>Residents requiring restraints.</b>	11	18.3	35.5	31.7
<b>Confused or disoriented residents.</b>	14	23.3	49.0	55.8
<b>Residents with bed sores.</b>	1	1.7	5.7	4.7
<b>Residents receiving special skin care.</b>	22	36.7	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE DELMAR GARDENS OF CHESTERFIELD

<b>Street Address:</b>		<b>City and State:</b>	
14855 NORTH OUTER FORTY ROAD		CHESTERFIELD MO 63017	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	240	PROPRIETARY	01/29/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
199	4	25	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	174	87.4	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	164	82.4	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	130	65.3	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	131	65.8	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	85	42.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	4.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	48	24.1	36.9	37.7
<b>Completely bedfast residents.</b>	2	1.0	3.0	3.4
<b>Residents confined to chairs.</b>	48	24.1	45.4	50.8
<b>Residents requiring restraints.</b>	57	28.6	39.3	41.3
<b>Confused or disoriented residents.</b>	99	49.7	50.6	58.4
<b>Residents with bed sores.</b>	11	5.5	7.3	7.1
<b>Residents receiving special skin care.</b>	27	13.6	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE DELMAR GARDENS WEST INC

<b>Street Address:</b> 13550 S OUTER FORTY RD		<b>City and State:</b> CHESTERFIELD MO 63017	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 330	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 277	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 32	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	270	97.5	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	270	97.5	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	225	81.2	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	236	85.2	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	128	46.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.4	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	143	51.6	36.9	37.7
<b>Completely bedfast residents.</b>	2	0.7	3.0	3.4
<b>Residents confined to chairs.</b>	94	33.9	45.4	50.8
<b>Residents requiring restraints.</b>	158	57.0	39.3	41.3
<b>Confused or disoriented residents.</b>	101	36.5	50.6	58.4
<b>Residents with bed sores.</b>	7	2.5	7.3	7.1
<b>Residents receiving special skin care.</b>	64	23.1	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE FRIENDSHIP VILLAGE OF WEST CO

<b>Street Address:</b>  15201 OLIVE BLVD		<b>City and State:</b>  CHESTERFIELD MO 63017	
<b>Participation:</b>  MEDICARE SNF	<b># of Beds:</b>  60	<b>Type of Ownership:</b>  PROPRIETARY	<b>Survey Date:</b>  06/05/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>  59	<b>Medicare Residents:</b>  0	<b>Medicaid Residents:</b>  0
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	45	76.3	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	74.6	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	37	62.7	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	61.0	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	66.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	5.1	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	25.4	36.9	37.7
<b>Completely bedfast residents.</b>	1	1.7	3.0	3.4
<b>Residents confined to chairs.</b>	28	47.5	45.4	50.8
<b>Residents requiring restraints.</b>	25	42.4	39.3	41.3
<b>Confused or disoriented residents.</b>	39	66.1	50.6	58.4
<b>Residents with bed sores.</b>	4	6.8	7.3	7.1
<b>Residents receiving special skin care.</b>	5	8.5	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE JEWISH CENTER FOR AGED

<b>Street Address:</b> 13190 S OUTER 40 RD		<b>City and State:</b> CHESTERFIELD MO 63017	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 276	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 05/05/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
262	2	192			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		257	98.1	84.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		203	77.5	81.7	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		186	71.0	70.9	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		155	59.2	72.8	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		157	59.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.		6	2.3	3.6	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		76	29.0	36.9	37.7
<b>Completely bedfast residents.</b>		10	3.8	3.0	3.4
<b>Residents confined to chairs.</b>		92	35.1	45.4	50.8
<b>Residents requiring restraints.</b>		89	34.0	39.3	41.3
<b>Confused or disoriented residents.</b>		98	37.4	50.6	58.4
<b>Residents with bed sores.</b>		13	5.0	7.3	7.1
<b>Residents receiving special skin care.</b>		95	36.3	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE INDIAN HILLS NH

<b>Street Address:</b> 2601 FAIR ST		<b>City and State:</b> CHILLICOTHE MO 64601	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 60	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 12	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	51	85.0	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	56	93.3	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	46	76.7	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	65.0	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	45	75.0	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	30.0	33.1	29.3
<b>Completely bedfast residents.</b>	1	1.7	2.0	3.6
<b>Residents confined to chairs.</b>	23	38.3	40.6	39.1
<b>Residents requiring restraints.</b>	28	46.7	35.5	31.7
<b>Confused or disoriented residents.</b>	29	48.3	49.0	55.8
<b>Residents with bed sores.</b>	0	0.0	5.7	4.7
<b>Residents receiving special skin care.</b>	14	23.3	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LIVINGSTON MANOR CARE CENTER

<b>Street Address:</b> HIGHWAY 36 EAST PO BOX 28		<b>City and State:</b> CHILLICOTHE MO 64601	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 94	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 75	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 45	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	65	86.7	84.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	46	61.3	81.7	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	46	61.3	70.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	61.3	72.8	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	34	45.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	17	22.7	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	19	25.3	45.4	50.8
<b>Residents requiring restraints.</b>	14	18.7	39.3	41.3
<b>Confused or disoriented residents.</b>	25	33.3	50.6	58.4
<b>Residents with bed sores.</b>	7	9.3	7.3	7.1
<b>Residents receiving special skin care.</b>	15	20.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MORNINGSIDE CTR

<b>Street Address:</b>		<b>City and State:</b>	
1700 MORNINGSIDE DRIVE		CHILLICOTHE MO 64601	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	NON-PROFIT OTHER	04/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
60	0	43

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	51	85.0	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	56	93.3	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	48	80.0	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	46	76.7	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	40	66.7	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	38.3	33.1	29.3
<b>Completely bedfast residents.</b>	1	1.7	2.0	3.6
<b>Residents confined to chairs.</b>	46	76.7	40.6	39.1
<b>Residents requiring restraints.</b>	23	38.3	35.5	31.7
<b>Confused or disoriented residents.</b>	37	61.7	49.0	55.8
<b>Residents with bed sores.</b>	1	1.7	5.7	4.7
<b>Residents receiving special skin care.</b>	4	6.7	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CLARENCE NURSING HOME DISTRICT

<b>Street Address:</b>		<b>City and State:</b>	
307 EAST ST P O BOX 250		CLARENCE MO 63437	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	FEDERAL GOVERNMENT	08/26/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
59	0	29		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	59	100	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	59	100	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	37	62.7	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	100	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	33	55.9	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	27.1	33.1	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>	13	22.0	40.6	39.1
<b>Residents requiring restraints.</b>	35	59.3	35.5	31.7
<b>Confused or disoriented residents.</b>	37	62.7	49.0	55.8
<b>Residents with bed sores.</b>	0	0.0	5.7	4.7
<b>Residents receiving special skin care.</b>	18	30.5	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GOLDEN VALLEY MEM HOSPITAL

<b>Street Address:</b>		<b>City and State:</b>	
JCT 7 AND 13 NORTH		CLINTON MO 64735	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF	12	FEDERAL GOVERNMENT	06/17/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
12	11	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	11	91.7	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	12	100	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	12	100	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	12	100	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	12	100	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	33.3	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	7	58.3	36.9	37.7
<b>Completely bedfast residents.</b>	9	75.0	3.0	3.4
<b>Residents confined to chairs.</b>	3	25.0	45.4	50.8
<b>Residents requiring restraints.</b>	2	16.7	39.3	41.3
<b>Confused or disoriented residents.</b>	3	25.0	50.6	58.4
<b>Residents with bed sores.</b>	1	8.3	7.3	7.1
<b>Residents receiving special skin care.</b>	6	50.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SYCAMORE VIEW HEALTHCARE

<b>Street Address:</b> 1009 EAST OHIO STREET		<b>City and State:</b> CLINTON MO 64735	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/27/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 99	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 79	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	60	60.6	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	58	58.6	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	57	57.6	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	54.5	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	55	55.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	29.3	36.9	37.7
<b>Completely bedfast residents.</b>	2	2.0	3.0	3.4
<b>Residents confined to chairs.</b>	32	32.3	45.4	50.8
<b>Residents requiring restraints.</b>	32	32.3	39.3	41.3
<b>Confused or disoriented residents.</b>	34	34.3	50.6	58.4
<b>Residents with bed sores.</b>	4	4.0	7.3	7.1
<b>Residents receiving special skin care.</b>	18	18.2	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WESTWOOD NURSING CENTER

<b>Street Address:</b> HIGHWAY 13 NORTH		<b>City and State:</b> CLINTON MO 64735	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 99	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 76		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	99	100	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	79	79.8	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	65	65.7	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	67.7	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	68	68.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	29.3	36.9	37.7
<b>Completely bedfast residents.</b>	1	1.0	3.0	3.4
<b>Residents confined to chairs.</b>	43	43.4	45.4	50.8
<b>Residents requiring restraints.</b>	47	47.5	39.3	41.3
<b>Confused or disoriented residents.</b>	23	23.2	50.6	58.4
<b>Residents with bed sores.</b>	7	7.1	7.3	7.1
<b>Residents receiving special skin care.</b>	36	36.4	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore, including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE** **GOOD SAMARITAN NURS HOME**

<b>Street Address:</b>		<b>City and State:</b>	
1ST AND GROTHER		COLE CAMP MO 65325	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	NON-PROFIT OTHER	04/14/88

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
58	0	31

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	51	87.9	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	54	93.1	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	70.7	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	100	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	44.8	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	20.7	33.1	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>	32	55.2	40.6	39.1
<b>Residents requiring restraints.</b>	28	48.3	35.5	31.7
<b>Confused or disoriented residents.</b>	30	51.7	49.0	55.8
<b>Residents with bed sores.</b>	7	12.1	5.7	4.7
<b>Residents receiving special skin care.</b>	20	34.5	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE AUTUMN COURT NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
300 PORTLAND ST		COLUMBIA MO 65201	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	120	PROPRIETARY	10/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
62	0	61

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	54	87.1	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	47	75.8	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	37	59.7	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	87.1	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	29	46.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	3.2	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	53.2	36.9	37.7
<b>Completely bedfast residents.</b>	1	1.6	3.0	3.4
<b>Residents confined to chairs.</b>	34	54.8	45.4	50.8
<b>Residents requiring restraints.</b>	0	0.0	39.3	41.3
<b>Confused or disoriented residents.</b>	18	29.0	50.6	58.4
<b>Residents with bed sores.</b>	5	8.1	7.3	7.1
<b>Residents receiving special skin care.</b>	31	50.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE BOONE HOSPITAL CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1600 EAST BROADWAY		COLUMBIA MO 65201	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	19	LOCAL GOVERNMENT	07/28/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
11	8	0		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	8	72.7	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	10	90.9	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	10	90.9	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	9	81.8	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	4	36.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	5	45.5	36.9	37.7
<b>Completely bedfast residents.</b>	3	27.3	3.0	3.4
<b>Residents confined to chairs.</b>	5	45.5	45.4	50.8
<b>Residents requiring restraints.</b>	1	9.1	39.3	41.3
<b>Confused or disoriented residents.</b>	2	18.2	50.6	58.4
<b>Residents with bed sores.</b>	2	18.2	7.3	7.1
<b>Residents receiving special skin care.</b>	3	27.3	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BOONE RETIREMENT CTR INC

<b>Street Address:</b>		<b>City and State:</b>	
1623 ANTHONY ST		COLUMBIA MO 65201	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	122	NON-PROFIT OTHER	08/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
117	0	81

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	103	88.0	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	113	96.6	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	106	90.6	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	90.6	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	89	76.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	24	20.5	36.9	37.7
<b>Completely bedfast residents.</b>	5	4.3	3.0	3.4
<b>Residents confined to chairs.</b>	65	55.6	45.4	50.8
<b>Residents requiring restraints.</b>	0	0.0	39.3	41.3
<b>Confused or disoriented residents.</b>	50	42.7	50.6	58.4
<b>Residents with bed sores.</b>	3	2.6	7.3	7.1
<b>Residents receiving special skin care.</b>	35	29.9	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CANDELIGHT CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1201 HUNT AVENUE		COLUMBIA MO 65202	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	103	PROPRIETARY	10/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
24	4	20		
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>	<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.		24	100	84.0
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.		22	91.7	81.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.		20	83.3	70.9
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		20	83.3	72.8
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.		20	83.3	64.6
Residents on individually written bowel and bladder retraining program.		0	0.0	3.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.		7	29.2	36.9
<b>Completely bedfast residents.</b>		2	8.3	3.0
<b>Residents confined to chairs.</b>		15	62.5	45.4
<b>Residents requiring restraints.</b>		6	25.0	39.3
<b>Confused or disoriented residents.</b>		13	54.2	50.6
<b>Residents with bed sores.</b>		1	4.2	7.3
<b>Residents receiving special skin care.</b>		7	29.2	28.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COLUMBIA HOUSE HEALTHCARE

<b>Street Address:</b> 1801 TOWNE DRIVE		<b>City and State:</b> COLUMBIA MO 65201	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 141	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/15/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 129	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 95		
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	120	93.0	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	116	89.9	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	102	79.1	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	79.1	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	91	70.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	38	29.5	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	67	51.9	36.9	37.7
<b>Completely bedfast residents.</b>	1	0.8	3.0	3.4
<b>Residents confined to chairs.</b>	63	48.8	45.4	50.8
<b>Residents requiring restraints.</b>	57	44.2	39.3	41.3
<b>Confused or disoriented residents.</b>	32	24.8	50.6	58.4
<b>Residents with bed sores.</b>	13	10.1	7.3	7.1
<b>Residents receiving special skin care.</b>	30	23.3	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COLUMBIA REGINOAL HOSPITAL SNF

<b>Street Address:</b> 404 KEENE ST		<b>City and State:</b> COLUMBIA MO 65201	
<b>Participation:</b> MEDICARE SNF	<b># of Beds:</b> 16	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/05/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 10	<b>Medicare Residents:</b> 9	<b>Medicaid Residents:</b> 0	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	7	70.0	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	7	70.0	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	7	70.0	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	60.0	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	7	70.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	10.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	3	30.0	36.9	37.7
<b>Completely bedfast residents.</b>	2	20.0	3.0	3.4
<b>Residents confined to chairs.</b>	3	30.0	45.4	50.8
<b>Residents requiring restraints.</b>	1	10.0	39.3	41.3
<b>Confused or disoriented residents.</b>	2	20.0	50.6	58.4
<b>Residents with bed sores.</b>	2	20.0	7.3	7.1
<b>Residents receiving special skin care.</b>	3	30.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LUTHERAN NH

<b>Street Address:</b>		<b>City and State:</b>	
3RD + WEST STS		CONCORDIA MO 64020	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT OTHER	06/26/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
117	1	36		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	117	100	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	106	90.6	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	101	86.3	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	94	80.3	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	92	78.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.7	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	54	46.2	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	77	65.8	45.4	50.8
<b>Residents requiring restraints.</b>	95	81.2	39.3	41.3
<b>Confused or disoriented residents.</b>	96	82.1	50.6	58.4
<b>Residents with bed sores.</b>	4	3.4	7.3	7.1
<b>Residents receiving special skin care.</b>	15	12.8	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CRANE HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
127 NORTHWEST BLVD		CRANE MO 65633	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	03/07/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
72	10	62	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	61	84.7	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	68	94.4	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	53	73.6	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	54.2	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	48	66.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	34	47.2	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	24	33.3	45.4	50.8
<b>Residents requiring restraints.</b>	23	31.9	39.3	41.3
<b>Confused or disoriented residents.</b>	61	84.7	50.6	58.4
<b>Residents with bed sores.</b>	6	8.3	7.3	7.1
<b>Residents receiving special skin care.</b>	30	41.7	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE EVERGREEN NH AND REHAB CTR

<b>Street Address:</b>		<b>City and State:</b>	
12705 OLIVE ST RD		CREVE COEUR MO 63141	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	147	PROPRIETARY	12/18/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
133	10	44			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		121	91.0	84.0	81.5
Dressing					
Residents requiring some or total assistance in dressing.		114	85.7	81.7	83.2
Toileting					
Residents requiring some or total assistance in toileting.		106	79.7	70.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		113	85.0	72.8	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		97	72.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.		18	13.5	3.6	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		54	40.6	36.9	37.7
Completely bedfast residents.		6	4.5	3.0	3.4
Residents confined to chairs.		51	38.3	45.4	50.8
Residents requiring restraints.		59	44.4	39.3	41.3
Confused or disoriented residents.		51	38.3	50.6	58.4
Residents with bed sores.		14	10.5	7.3	7.1
Residents receiving special skin care.		71	53.4	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE FAIRVIEW GARDENS

<b>Street Address:</b>		<b>City and State:</b>	
850 COUNTRY MANOR LANE		CREVE COEUR MO 63141	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	152	NON-PROFIT OTHER	12/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
129	0	129

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	126	97.7	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	124	96.1	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	96	74.4	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	102	79.1	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	101	78.3	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	34	26.4	33.1	29.3
<b>Completely bedfast residents.</b>	3	2.3	2.0	3.6
<b>Residents confined to chairs.</b>	64	49.6	40.6	39.1
<b>Residents requiring restraints.</b>	34	26.4	35.5	31.7
<b>Confused or disoriented residents.</b>	112	86.8	49.0	55.8
<b>Residents with bed sores.</b>	16	12.4	5.7	4.7
<b>Residents receiving special skin care.</b>	23	17.8	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE JORDON R HOME CONV CRIPPLED CHILD

<b>Street Address:</b> 10621 LADUE RD		<b>City and State:</b> CREVE COEUR MO 63141	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 26	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 12/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 19		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 19	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		18	94.7	84.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		18	94.7	81.7	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		18	94.7	70.9	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		16	84.2	72.8	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		17	89.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.		1	5.3	3.6	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		10	52.6	36.9	37.7
<b>Completely bedfast residents.</b>		0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>		2	10.5	45.4	50.8
<b>Residents requiring restraints.</b>		2	10.5	39.3	41.3
<b>Confused or disoriented residents.</b>		3	15.8	50.6	58.4
<b>Residents with bed sores.</b>		0	0.0	7.3	7.1
<b>Residents receiving special skin care.</b>		8	42.1	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COMMUNITY CARE CENTER OF CUBA INC

<b>Street Address:</b>		<b>City and State:</b>	
410 N FRANKLIN		CUBA MO 65453	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	65	NON-PROFIT OTHER	12/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
63	0	51

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	98.4	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	63	100	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	38	60.3	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	57.1	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	24	38.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	27	42.9	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	23	36.5	36.9	37.7
<b>Completely bedfast residents.</b>	25	39.7	3.0	3.4
<b>Residents confined to chairs.</b>	43	68.3	45.4	50.8
<b>Residents requiring restraints.</b>	14	22.2	39.3	41.3
<b>Confused or disoriented residents.</b>	3	4.8	50.6	58.4
<b>Residents with bed sores.</b>	0	0.0	7.3	7.1
<b>Residents receiving special skin care.</b>	0	0.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE DES PERES HEALTH CARE

<b>Street Address:</b>		<b>City and State:</b>	
11692 MANCHESTER RD		DES PERES MO 63131	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	143	PROPRIETARY	03/21/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
101	0	37

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	94	93.1	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	93	92.1	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	78	77.2	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	73.3	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	79	78.2	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	26.7	33.1	29.3
<b>Completely bedfast residents.</b>	1	1.0	2.0	3.6
<b>Residents confined to chairs.</b>	46	45.5	40.6	39.1
<b>Residents requiring restraints.</b>	29	28.7	35.5	31.7
<b>Confused or disoriented residents.</b>	69	68.3	49.0	55.8
<b>Residents with bed sores.</b>	5	5.0	5.7	4.7
<b>Residents receiving special skin care.</b>	65	64.4	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE DESLOGE HEALTH CARE CTR

<b>Street Address:</b>		<b>City and State:</b>	
801 BRIM PO BOX AA		DESLOGE MO 63601	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	09/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
115		1		84	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		95	82.6	84.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		97	84.3	81.7	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		85	73.9	70.9	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		93	80.9	72.8	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		81	70.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.		3	2.6	3.6	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		52	45.2	36.9	37.7
<b>Completely bedfast residents.</b>		2	1.7	3.0	3.4
<b>Residents confined to chairs.</b>		81	70.4	45.4	50.8
<b>Residents requiring restraints.</b>		76	66.1	39.3	41.3
<b>Confused or disoriented residents.</b>		49	42.6	50.6	58.4
<b>Residents with bed sores.</b>		10	8.7	7.3	7.1
<b>Residents receiving special skin care.</b>		13	11.3	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CROWLEY RIDGE CARE CENTER

<b>Street Address:</b> HWY 60 WEST BIX 668		<b>City and State:</b> DEXTER MO 63841	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 87	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 66		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 56	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		60	90.9	84.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		56	84.8	81.7	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		41	62.1	70.9	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		56	84.8	72.8	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		35	53.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.		2	3.0	3.6	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		14	21.2	36.9	37.7
<b>Completely bedfast residents.</b>		1	1.5	3.0	3.4
<b>Residents confined to chairs.</b>		19	28.8	45.4	50.8
<b>Residents requiring restraints.</b>		29	43.9	39.3	41.3
<b>Confused or disoriented residents.</b>		47	71.2	50.6	58.4
<b>Residents with bed sores.</b>		1	1.5	7.3	7.1
<b>Residents receiving special skin care.</b>		41	62.1	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE DEXTER NURSING HOME

<b>Street Address:</b> P O BOX 517		<b>City and State:</b> DEXTER MO 63841	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 83	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/08/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 64	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 53
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	62	96.9	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	45	70.3	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	43	67.2	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	75.0	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	36	56.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	9.4	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	28.1	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	48	75.0	45.4	50.8
<b>Residents requiring restraints.</b>	40	62.5	39.3	41.3
<b>Confused or disoriented residents.</b>	19	29.7	50.6	58.4
<b>Residents with bed sores.</b>	4	6.3	7.3	7.1
<b>Residents receiving special skin care.</b>	64	100	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE VINTAGE VILLA

<b>Street Address:</b>		<b>City and State:</b>	
228 E MARKET ST		DEXTER MO 63841	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	03/22/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
37	0	34

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	36	97.3	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	32	86.5	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	20	54.1	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	21	56.8	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	17	45.9	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	5	13.5	33.1	29.3
<b>Completely bedfast residents.</b>	1	2.7	2.0	3.6
<b>Residents confined to chairs.</b>	22	59.5	40.6	39.1
<b>Residents requiring restraints.</b>	14	37.8	35.5	31.7
<b>Confused or disoriented residents.</b>	7	18.9	49.0	55.8
<b>Residents with bed sores.</b>	2	5.4	5.7	4.7
<b>Residents receiving special skin care.</b>	2	5.4	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE DONIPHAN RETIREMENT HOME

<b>Street Address:</b> PO BOX 130		<b>City and State:</b> DONIPHAN MO 63935	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 90	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/08/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 89	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 79	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	70	78.7	84.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	71	79.8	81.7	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	76	85.4	70.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	67.4	72.8	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	60	67.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	36	40.4	36.9	37.7
<b>Completely bedfast residents.</b>	2	2.2	3.0	3.4
<b>Residents confined to chairs.</b>	57	64.0	45.4	50.8
<b>Residents requiring restraints.</b>	27	30.3	39.3	41.3
<b>Confused or disoriented residents.</b>	21	23.6	50.6	58.4
<b>Residents with bed sores.</b>	6	6.7	7.3	7.1
<b>Residents receiving special skin care.</b>	2	2.2	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE E PRAIRIE NURSING & RESIDENTIAL CARE

<b>Street Address:</b> 21 MILLER ROAD		<b>City and State:</b> EAST PRAIRIE MO 63845	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 70	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 60	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 54	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	50	83.3	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	48	80.0	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	36	60.0	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	31	51.7	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	32	53.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.7	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	13.3	36.9	37.7
<b>Completely bedfast residents.</b>	5	8.3	3.0	3.4
<b>Residents confined to chairs.</b>	31	51.7	45.4	50.8
<b>Residents requiring restraints.</b>	17	28.3	39.3	41.3
<b>Confused or disoriented residents.</b>	23	38.3	50.6	58.4
<b>Residents with bed sores.</b>	3	5.0	7.3	7.1
<b>Residents receiving special skin care.</b>	13	21.7	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE KNOX CO NH

<b>Street Address:</b> HWY 6 E		<b>City and State:</b> EDINA MO 63537	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 04/04/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 59	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 23
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	58	98.3	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	54	91.5	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	54	91.5	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	50	84.7	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	40	67.8	61.4	59.1
Residents on individually written bowel and bladder retraining program.	1	1.7	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	33.9	33.1	29.3
<b>Completely bedfast residents.</b>	4	6.8	2.0	3.6
<b>Residents confined to chairs.</b>	25	42.4	40.6	39.1
<b>Residents requiring restraints.</b>	5	8.5	35.5	31.7
<b>Confused or disoriented residents.</b>	14	23.7	49.0	55.8
<b>Residents with bed sores.</b>	4	6.8	5.7	4.7
<b>Residents receiving special skin care.</b>	35	59.3	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COMMUNITY CARE CTR

<b>Street Address:</b> 400 E HOSP RD		<b>City and State:</b> EL DORADO SPRINGS MO 64744	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/14/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 120	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 102		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	94	78.3	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	91	75.8	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	83	69.2	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	63.3	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	81	67.5	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	61	50.8	33.1	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>	80	66.7	40.6	39.1
<b>Residents requiring restraints.</b>	44	36.7	35.5	31.7
<b>Confused or disoriented residents.</b>	78	65.0	49.0	55.8
<b>Residents with bed sores.</b>	6	5.0	5.7	4.7
<b>Residents receiving special skin care.</b>	17	14.2	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE ELDON SKILLED CARE CTR INC

<b>Street Address:</b> ROUTE 1, BOX 450		<b>City and State:</b> ELDON MO 65026	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/11/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 60	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 41	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	58	96.7	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	48	80.0	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	48	80.0	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	80.0	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	37	61.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	3.3	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	55.0	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	28	46.7	45.4	50.8
<b>Residents requiring restraints.</b>	33	55.0	39.3	41.3
<b>Confused or disoriented residents.</b>	23	38.3	50.6	58.4
<b>Residents with bed sores.</b>	3	5.0	7.3	7.1
<b>Residents receiving special skin care.</b>	0	0.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE TINNIN BRENT B MANOR

<b>Street Address:</b>		<b>City and State:</b>	
EAST POLK DR PO BOX 460		ELLINGTON MO 63638	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	06/19/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
56	0	48	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	49	87.5	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	48	85.7	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	39	69.6	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	66.1	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	44	78.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	32.1	36.9	37.7
<b>Completely bedfast residents.</b>	3	5.4	3.0	3.4
<b>Residents confined to chairs.</b>	29	51.8	45.4	50.8
<b>Residents requiring restraints.</b>	22	39.3	39.3	41.3
<b>Confused or disoriented residents.</b>	35	62.5	50.6	58.4
<b>Residents with bed sores.</b>	3	5.4	7.3	7.1
<b>Residents receiving special skin care.</b>	10	17.9	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MEDIGROUP WESTWINDS PARK INC

<b>Street Address:</b> 16062 MANCHESTER ROAD		<b>City and State:</b> ELLISVILLE MO 63011	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 114	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 83	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	114	100	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	79	69.3	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	73	64.0	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	78	68.4	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	49	43.0	61.4	59.1
Residents on individually written bowel and bladder retraining program.	9	7.9	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	7.9	33.1	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>	3	2.6	40.6	39.1
<b>Residents requiring restraints.</b>	30	26.3	35.5	31.7
<b>Confused or disoriented residents.</b>	29	25.4	49.0	55.8
<b>Residents with bed sores.</b>	5	4.4	5.7	4.7
<b>Residents receiving special skin care.</b>	15	13.2	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ELSBERRY MO HEALTH CTR

<b>Street Address:</b>		<b>City and State:</b>	
RT 2 BOX 26		ELSBERRY MO 63343	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	NON-PROFIT OTHER	03/18/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
57	0	21	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	56	98.2	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	56	98.2	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	38	66.7	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	57	100	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	38	66.7	61.4	59.1
Residents on individually written bowel and bladder retraining program.	1	1.8	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	26.3	33.1	29.3
<b>Completely bedfast residents.</b>	1	1.8	2.0	3.6
<b>Residents confined to chairs.</b>	43	75.4	40.6	39.1
<b>Residents requiring restraints.</b>	26	45.6	35.5	31.7
<b>Confused or disoriented residents.</b>	31	54.4	49.0	55.8
<b>Residents with bed sores.</b>	1	1.8	5.7	4.7
<b>Residents receiving special skin care.</b>	4	7.0	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MARYMOUNT MANOR

<b>Street Address:</b>		<b>City and State:</b>	
313 AUGUSTINE RD		EUREKA MO 63025	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	146	PROPRIETARY	05/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
126	0	107

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	92	73.0	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	104	82.5	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	90	71.4	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	89	70.6	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	86	68.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	3.2	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	52	41.3	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	85	67.5	45.4	50.8
<b>Residents requiring restraints.</b>	44	34.9	39.3	41.3
<b>Confused or disoriented residents.</b>	71	56.3	50.6	58.4
<b>Residents with bed sores.</b>	6	4.8	7.3	7.1
<b>Residents receiving special skin care.</b>	78	61.9	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PRICE MEMORIAL

<b>Street Address:</b>		<b>City and State:</b>	
FORBY RD-PO BOX 476		EUREKA MO 63025	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	02/03/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
106	1	47		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	106	100	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	97	91.5	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	87	82.1	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	69.8	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	64	60.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	7.5	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	61	57.5	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	22	20.8	45.4	50.8
<b>Residents requiring restraints.</b>	59	55.7	39.3	41.3
<b>Confused or disoriented residents.</b>	69	65.1	50.6	58.4
<b>Residents with bed sores.</b>	7	6.6	7.3	7.1
<b>Residents receiving special skin care.</b>	54	50.9	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE EXCELSIOR SPRINGS CITY HOSP CONV CTR

<b>Street Address:</b> 1700 RAINBOW DR BOX 398		<b>City and State:</b> EXCELSIOR SPRINGS MO 64024	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 05/26/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 57	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 39	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	57	100	84.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	42	73.7	81.7	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	42	73.7	70.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	73.7	72.8	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	42	73.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	26	45.6	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	29	50.9	45.4	50.8
Residents requiring restraints.	29	50.9	39.3	41.3
Confused or disoriented residents.	36	63.2	50.6	58.4
Residents with bed sores.	1	1.8	7.3	7.1
Residents receiving special skin care.	7	12.3	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE EXCELSIOR SPRINGS NURSING CENTER

<b>Street Address:</b> 1410 HOSPITAL DRIVE		<b>City and State:</b> EXCELSIOR SPRINGS MO 64024	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 103	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 98	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	93	90.3	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	90	87.4	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	66	64.1	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	73.8	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	82	79.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	2.9	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	45	43.7	36.9	37.7
<b>Completely bedfast residents.</b>	2	1.9	3.0	3.4
<b>Residents confined to chairs.</b>	30	29.1	45.4	50.8
<b>Residents requiring restraints.</b>	51	49.5	39.3	41.3
<b>Confused or disoriented residents.</b>	48	46.6	50.6	58.4
<b>Residents with bed sores.</b>	14	13.6	7.3	7.1
<b>Residents receiving special skin care.</b>	21	20.4	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CAMELOT NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
705 GRAND CANYON		FARMINGTON MO 63640	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	90	PROPRIETARY	01/27/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
87	0	75

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	82	94.3	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	79	90.8	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	62	71.3	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	71.3	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	72.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	9	10.3	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	44	50.6	36.9	37.7
<b>Completely bedfast residents.</b>	9	10.3	3.0	3.4
<b>Residents confined to chairs.</b>	59	67.8	45.4	50.8
<b>Residents requiring restraints.</b>	37	42.5	39.3	41.3
<b>Confused or disoriented residents.</b>	40	46.0	50.6	58.4
<b>Residents with bed sores.</b>	8	9.2	7.3	7.1
<b>Residents receiving special skin care.</b>	31	35.6	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE FLEUR DE LIS NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1108 WEST LIBERTY		FARMINGTON MO 63640	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	104	PROPRIETARY	05/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
95	0	81

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	95	100	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	73	76.8	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	67	70.5	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	81.1	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	54	56.8	61.4	59.1
Residents on individually written bowel and bladder retraining program.	4	4.2	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	42	44.2	33.1	29.3
<b>Completely bedfast residents.</b>	7	7.4	2.0	3.6
<b>Residents confined to chairs.</b>	52	54.7	40.6	39.1
<b>Residents requiring restraints.</b>	53	55.8	35.5	31.7
<b>Confused or disoriented residents.</b>	34	35.8	49.0	55.8
<b>Residents with bed sores.</b>	16	16.8	5.7	4.7
<b>Residents receiving special skin care.</b>	38	40.0	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE MAEHILL CARE CENTER INC

<b>Street Address:</b>		<b>City and State:</b>	
783 WEBER ROAD		FARMINGTON MO 63640	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	18	PROPRIETARY	03/21/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
2	0	0		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	2	100	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	2	100	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	2	100	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	2	100	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	1	50.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	1	50.0	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	0	0.0	45.4	50.8
<b>Residents requiring restraints.</b>	0	0.0	39.3	41.3
<b>Confused or disoriented residents.</b>	1	50.0	50.6	58.4
<b>Residents with bed sores.</b>	0	0.0	7.3	7.1
<b>Residents receiving special skin care.</b>	2	100	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PRESBYTERIAN MANOR OF FARMINGTON

<b>Street Address:</b>		<b>City and State:</b>	
500 MANOR COURT		FARMINGTON MO 63640	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	79	NON-PROFIT PRIVATE	10/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
76	0	9

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	63	82.9	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	69	90.8	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	51	67.1	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	72.4	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	71	93.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	34	44.7	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	35.5	36.9	37.7
<b>Completely bedfast residents.</b>	1	1.3	3.0	3.4
<b>Residents confined to chairs.</b>	34	44.7	45.4	50.8
<b>Residents requiring restraints.</b>	29	38.2	39.3	41.3
<b>Confused or disoriented residents.</b>	49	64.5	50.6	58.4
<b>Residents with bed sores.</b>	1	1.3	7.3	7.1
<b>Residents receiving special skin care.</b>	3	3.9	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## ALBERT M KELLER MEMORIAL HOSPITAL

<b>Street Address:</b>		<b>City and State:</b>	
600 WEST MORRISON		FAYETTE MO 65248	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	26	LOCAL GOVERNMENT	07/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
23	0	0		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	21	91.3	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	21	91.3	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	19	82.6	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	18	78.3	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	17	73.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	39.1	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	9	39.1	45.4	50.8
<b>Residents requiring restraints.</b>	3	13.0	39.3	41.3
<b>Confused or disoriented residents.</b>	13	56.5	50.6	58.4
<b>Residents with bed sores.</b>	0	0.0	7.3	7.1
<b>Residents receiving special skin care.</b>	3	13.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SOUTHLAND CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
501 SO PK, RR 2, BOX 39		FAYETTE MO 65248	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	60	PROPRIETARY	10/31/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
54	0	44

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	85.2	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	41	75.9	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	36	66.7	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	36	66.7	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	30	55.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	18	33.3	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	34	63.0	45.4	50.8
<b>Residents requiring restraints.</b>	16	29.6	39.3	41.3
<b>Confused or disoriented residents.</b>	33	61.1	50.6	58.4
<b>Residents with bed sores.</b>	6	11.1	7.3	7.1
<b>Residents receiving special skin care.</b>	10	18.5	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.					
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CHRISTIAN OLD PEOPLES HOME

<b>Street Address:</b>		<b>City and State:</b>	
800 CHAMBERS RD		FERGUSON MO 63135	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	180	NON-PROFIT RELIGIOUS	06/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
177	0	110

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	142	80.2	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	139	78.5	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	118	66.7	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	117	66.1	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	124	70.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	5	2.8	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	32	18.1	36.9	37.7
<b>Completely bedfast residents.</b>	1	0.6	3.0	3.4
<b>Residents confined to chairs.</b>	82	46.3	45.4	50.8
<b>Residents requiring restraints.</b>	58	32.8	39.3	41.3
<b>Confused or disoriented residents.</b>	83	46.9	50.6	58.4
<b>Residents with bed sores.</b>	15	8.5	7.3	7.1
<b>Residents receiving special skin care.</b>	17	9.6	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COMMUNITY CARE CTR OF FESTUS INC

<b>Street Address:</b> RURAL ROUTE 1, BOX 427		<b>City and State:</b> FESTUS MO 63028	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 81	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 47	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 47	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	42	89.4	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	43	91.5	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	38	80.9	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	83.0	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	33	70.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	4.3	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	13	27.7	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	9	19.1	45.4	50.8
<b>Residents requiring restraints.</b>	26	55.3	39.3	41.3
<b>Confused or disoriented residents.</b>	31	66.0	50.6	58.4
<b>Residents with bed sores.</b>	5	10.6	7.3	7.1
<b>Residents receiving special skin care.</b>	47	100	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE FESTUS MANOR

<b>Street Address:</b> PO BOX 548		<b>City and State:</b> FESTUS MO 63028	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 119	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 110	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	61	51.3	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	83	69.7	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	63	52.9	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	67	56.3	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	60	50.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	66	55.5	36.9	37.7
<b>Completely bedfast residents.</b>	1	0.8	3.0	3.4
<b>Residents confined to chairs.</b>	82	68.9	45.4	50.8
<b>Residents requiring restraints.</b>	44	37.0	39.3	41.3
<b>Confused or disoriented residents.</b>	36	30.3	50.6	58.4
<b>Residents with bed sores.</b>	5	4.2	7.3	7.1
<b>Residents receiving special skin care.</b>	8	6.7	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GARDEN POINTE CARIENG CENTER INC

<b>Street Address:</b> 11400 MEHL AVENUE		<b>City and State:</b> FLORISSANT MO 63303	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 150	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/03/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 2	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 2	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	0	0.0	84.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	1	50.0	81.7	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	1	50.0	70.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	50.0	72.8	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	0	0.0	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	0	0.0	45.4	50.8
<b>Residents requiring restraints.</b>	0	0.0	39.3	41.3
<b>Confused or disoriented residents.</b>	0	0.0	50.6	58.4
<b>Residents with bed sores.</b>	0	0.0	7.3	7.1
<b>Residents receiving special skin care.</b>	0	0.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE AMERICANA HEALTHCARE CENTER

<b>Street Address:</b> 1200 GRAHAM ROAD		<b>City and State:</b> FLORISSANT MO 63031	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 98	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 04/08/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 85	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 22
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	76	89.4	84.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	79	92.9	81.7	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	77	90.6	70.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	85.9	72.8	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	62	72.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	1.2	3.6	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	43	50.6	36.9	37.7
<b>Completely bedfast residents.</b>	5	5.9	3.0	3.4
<b>Residents confined to chairs.</b>	18	21.2	45.4	50.8
<b>Residents requiring restraints.</b>	51	60.0	39.3	41.3
<b>Confused or disoriented residents.</b>	56	65.9	50.6	58.4
<b>Residents with bed sores.</b>	12	14.1	7.3	7.1
<b>Residents receiving special skin care.</b>	11	12.9	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE DELMAR GARDENS NORTH**

<b>Street Address:</b>		<b>City and State:</b>	
4401 PARKER ROAD		FLORISSANT MO 63033	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	60	PROPRIETARY	04/29/88

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
50	0	50

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	50	100	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	88.0	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	35	70.0	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	84.0	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	52.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	24.0	36.9	37.7
<b>Completely bedfast residents.</b>	1	2.0	3.0	3.4
<b>Residents confined to chairs.</b>	46	92.0	45.4	50.8
<b>Residents requiring restraints.</b>	12	24.0	39.3	41.3
<b>Confused or disoriented residents.</b>	17	34.0	50.6	58.4
<b>Residents with bed sores.</b>	1	2.0	7.3	7.1
<b>Residents receiving special skin care.</b>	13	26.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE FLORISSANT NURSING CENTER

<b>Street Address:</b> 615 RANCHO DRIVE		<b>City and State:</b> FLORISSANT MO 63031	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 116	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 95	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	85	73.3	84.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	85	73.3	81.7	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	78	67.2	70.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	79	68.1	72.8	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	77	66.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	3.4	3.6	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	31	26.7	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	62	53.4	45.4	50.8
<b>Residents requiring restraints.</b>	53	45.7	39.3	41.3
<b>Confused or disoriented residents.</b>	71	61.2	50.6	58.4
<b>Residents with bed sores.</b>	9	7.8	7.3	7.1
<b>Residents receiving special skin care.</b>	44	37.9	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SPANISH LAKE NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
13700 OLD HALLS FERRY ROAD		FLORISSANT MO 63033	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	120	PROPRIETARY	10/19/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
109	0	95		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	80	73.4	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	90	82.6	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	72	66.1	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	76	69.7	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	71	65.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.8	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	30.3	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	67	61.5	45.4	50.8
<b>Residents requiring restraints.</b>	46	42.2	39.3	41.3
<b>Confused or disoriented residents.</b>	42	38.5	50.6	58.4
<b>Residents with bed sores.</b>	5	4.6	7.3	7.1
<b>Residents receiving special skin care.</b>	46	42.2	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ST SOPHIA GERIATRIC CENTER

<b>Street Address:</b> 936 CHARBONIER ROAD		<b>City and State:</b> FLORISSANT MO 63031	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 240	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/02/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 89	<b>Medicare Residents:</b> 2	<b>Medicaid Residents:</b> 87	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	88	98.9	84.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	86	96.6	81.7	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	77	86.5	70.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	92.1	72.8	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	76	85.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	35	39.3	36.9	37.7
<b>Completely bedfast residents.</b>	3	3.4	3.0	3.4
<b>Residents confined to chairs.</b>	72	80.9	45.4	50.8
<b>Residents requiring restraints.</b>	72	80.9	39.3	41.3
<b>Confused or disoriented residents.</b>	70	78.7	50.6	58.4
<b>Residents with bed sores.</b>	7	7.9	7.3	7.1
<b>Residents receiving special skin care.</b>	33	37.1	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE STOCKHOFF MEMORIAL NH**

<b>Street Address:</b>		<b>City and State:</b>	
100 S WOOD AND W COLLEGE		FREDERICKTOWN MO 63645	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	123	LOCAL GOVERNMENT	06/12/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
119	0	99

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	99	83.2	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	95	79.8	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	86	72.3	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	92	77.3	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	79	66.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	32.8	36.9	37.7
<b>Completely bedfast residents.</b>	3	2.5	3.0	3.4
<b>Residents confined to chairs.</b>	66	55.5	45.4	50.8
<b>Residents requiring restraints.</b>	53	44.5	39.3	41.3
<b>Confused or disoriented residents.</b>	69	58.0	50.6	58.4
<b>Residents with bed sores.</b>	14	11.8	7.3	7.1
<b>Residents receiving special skin care.</b>	64	53.8	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE FULTON PRESBYTERIAN MANOR

<b>Street Address:</b> 802 COURT STREET		<b>City and State:</b> FULTON MO 65251	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 36	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 05/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 28	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 8	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	27	96.4	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	26	92.9	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	23	82.1	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	78.6	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	14	50.0	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	28.6	33.1	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>	12	42.9	40.6	39.1
<b>Residents requiring restraints.</b>	8	28.6	35.5	31.7
<b>Confused or disoriented residents.</b>	13	46.4	49.0	55.8
<b>Residents with bed sores.</b>	1	3.6	5.7	4.7
<b>Residents receiving special skin care.</b>	10	35.7	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE HEARTLAND OF FULTON

<b>Street Address:</b> 1510 BLUFF ST		<b>City and State:</b> FULTON MO 65251	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/04/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 92	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 81		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	75	81.5	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	73	79.3	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	56	60.9	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	89.1	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	51	55.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	27.2	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	56	60.9	45.4	50.8
<b>Residents requiring restraints.</b>	14	15.2	39.3	41.3
<b>Confused or disoriented residents.</b>	38	41.3	50.6	58.4
<b>Residents with bed sores.</b>	14	15.2	7.3	7.1
<b>Residents receiving special skin care.</b>	29	31.5	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE KINGDOM NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
501 COLLIER LANE RT 6		FULTON MO 65251	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	28	NON-PROFIT OTHER	07/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
28	0	11	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	28	100	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	22	78.6	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	16	57.1	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	57.1	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	24	85.7	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	42.9	33.1	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>	13	46.4	40.6	39.1
<b>Residents requiring restraints.</b>	13	46.4	35.5	31.7
<b>Confused or disoriented residents.</b>	9	32.1	49.0	55.8
<b>Residents with bed sores.</b>	4	14.3	5.7	4.7
<b>Residents receiving special skin care.</b>	5	17.9	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## GAINESVILLE HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
P O BOX 628 HWY 160 W		GAINESVILLE MO 65655	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	90	PROPRIETARY	08/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
41	0	24

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	21	51.2	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	28	68.3	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	24	58.5	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	26.8	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	23	56.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	13	31.7	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	5	12.2	36.9	37.7
<b>Completely bedfast residents.</b>	1	2.4	3.0	3.4
<b>Residents confined to chairs.</b>	11	26.8	45.4	50.8
<b>Residents requiring restraints.</b>	6	14.6	39.3	41.3
<b>Confused or disoriented residents.</b>	11	26.8	50.6	58.4
<b>Residents with bed sores.</b>	1	2.4	7.3	7.1
<b>Residents receiving special skin care.</b>	10	24.4	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE DAVIESS CO NH INC

<b>Street Address:</b>		<b>City and State:</b>	
HWY 6 W		GALLATIN MO 64640	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	97	NON-PROFIT OTHER	10/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
90	0	30

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	76	84.4	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	62	68.9	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	52	57.8	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	73	81.1	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	43.3	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	33	36.7	33.1	29.3
<b>Completely bedfast residents.</b>	1	1.1	2.0	3.6
<b>Residents confined to chairs.</b>	45	50.0	40.6	39.1
<b>Residents requiring restraints.</b>	19	21.1	35.5	31.7
<b>Confused or disoriented residents.</b>	36	40.0	49.0	55.8
<b>Residents with bed sores.</b>	4	4.4	5.7	4.7
<b>Residents receiving special skin care.</b>	27	30.0	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE GERALD CARING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
HWY 50 & CANAAN ROAD		GERALD MO 63037	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	44	PROPRIETARY	01/26/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
2	0	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	0	0.0	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	1	50.0	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	0	0.0	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	1	50.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	0	0.0	45.4	50.8
<b>Residents requiring restraints.</b>	0	0.0	39.3	41.3
<b>Confused or disoriented residents.</b>	0	0.0	50.6	58.4
<b>Residents with bed sores.</b>	0	0.0	7.3	7.1
<b>Residents receiving special skin care.</b>	0	0.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE KENDALLWOOD TRAILS NURS CTR

<b>Street Address:</b> 2900 KENDALLWOOD PARKWAY		<b>City and State:</b> GLADSTONE MO 64119	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 290	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 229	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 102		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	219	95.6	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	214	93.4	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	193	84.3	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	193	84.3	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	112	48.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	7	3.1	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	84	36.7	36.9	37.7
<b>Completely bedfast residents.</b>	10	4.4	3.0	3.4
<b>Residents confined to chairs.</b>	126	55.0	45.4	50.8
<b>Residents requiring restraints.</b>	81	35.4	39.3	41.3
<b>Confused or disoriented residents.</b>	114	49.8	50.6	58.4
<b>Residents with bed sores.</b>	14	6.1	7.3	7.1
<b>Residents receiving special skin care.</b>	51	22.3	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE COLONIAL MANOR OF GLASGOW

<b>Street Address:</b> 100 AUDSLEY DRIVE		<b>City and State:</b> GLASGOW MO 65254	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/22/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 58	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 32	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	41	70.7	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	45	77.6	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	42	72.4	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	39	67.2	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	42	72.4	61.4	59.1
Residents on individually written bowel and bladder retraining program.	1	1.7	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	48.3	33.1	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>	22	37.9	40.6	39.1
<b>Residents requiring restraints.</b>	29	50.0	35.5	31.7
<b>Confused or disoriented residents.</b>	28	48.3	49.0	55.8
<b>Residents with bed sores.</b>	2	3.4	5.7	4.7
<b>Residents receiving special skin care.</b>	5	8.6	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GOWER CONVALESCENT CENTER

<b>Street Address:</b> HIGHWAY 169 SOUTH		<b>City and State:</b> GOWER MO 64454	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 74	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 05/27/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 74	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 17
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	74	100	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	65	87.8	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	55	74.3	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	51	68.9	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	51	68.9	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	16.2	33.1	29.3
<b>Completely bedfast residents.</b>	2	2.7	2.0	3.6
<b>Residents confined to chairs.</b>	46	62.2	40.6	39.1
<b>Residents requiring restraints.</b>	33	44.6	35.5	31.7
<b>Confused or disoriented residents.</b>	39	52.7	49.0	55.8
<b>Residents with bed sores.</b>	1	1.4	5.7	4.7
<b>Residents receiving special skin care.</b>	2	2.7	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

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**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE GRANDVIEW VILLA

<b>Street Address:</b> 13111 SPRING ST		<b>City and State:</b> GRANDVIEW MO 64030	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 52	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/15/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 40	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 20
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	30	75.0	82.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	29	72.5	80.2	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	30	75.0	67.9	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	32	80.0	69.7	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	32	80.0	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	12	30.0	33.1	29.3
<b>Completely bedfast residents.</b>	1	2.5	2.0	3.6
<b>Residents confined to chairs.</b>	19	47.5	40.6	39.1
<b>Residents requiring restraints.</b>	6	15.0	35.5	31.7
<b>Confused or disoriented residents.</b>	15	37.5	49.0	55.8
<b>Residents with bed sores.</b>	2	5.0	5.7	4.7
<b>Residents receiving special skin care.</b>	5	12.5	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LONGVIEW NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
6301 EAST 125TH ST		GRANDVIEW MO 64030	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	120	PROPRIETARY	09/04/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
95	0	82	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	95	100	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	71	74.7	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	81	85.3	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	75.8	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	60	63.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	6.3	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	17	17.9	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	4	4.2	45.4	50.8
<b>Residents requiring restraints.</b>	38	40.0	39.3	41.3
<b>Confused or disoriented residents.</b>	38	40.0	50.6	58.4
<b>Residents with bed sores.</b>	8	8.4	7.3	7.1
<b>Residents receiving special skin care.</b>	8	8.4	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE WORTH COUNTY CONV CTR

<b>Street Address:</b>		<b>City and State:</b>	
BOX 100 ROUTE 3		GRANT CITY MO 64456	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	NON-PROFIT OTHER	04/15/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
59	0	15

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	42	71.2	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	47	79.7	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	69.5	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	44	74.6	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	43	72.9	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	33.9	33.1	29.3
<b>Completely bedfast residents.</b>	2	3.4	2.0	3.6
<b>Residents confined to chairs.</b>	39	66.1	40.6	39.1
<b>Residents requiring restraints.</b>	28	47.5	35.5	31.7
<b>Confused or disoriented residents.</b>	27	45.8	49.0	55.8
<b>Residents with bed sores.</b>	6	10.2	5.7	4.7
<b>Residents receiving special skin care.</b>	8	13.6	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE DADE CO N H

<b>Street Address:</b> 400 BROAD ST		<b>City and State:</b> GREENFIELD MO 65661	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> STATE GOVERNMENT	<b>Survey Date:</b> 11/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 118	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 118
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	116	98.3	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	87	73.7	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	76	64.4	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	116	98.3	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	52	44.1	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	40	33.9	33.1	29.3
<b>Completely bedfast residents.</b>	17	14.4	2.0	3.6
<b>Residents confined to chairs.</b>	58	49.2	40.6	39.1
<b>Residents requiring restraints.</b>	49	41.5	35.5	31.7
<b>Confused or disoriented residents.</b>	31	26.3	49.0	55.8
<b>Residents with bed sores.</b>	3	2.5	5.7	4.7
<b>Residents receiving special skin care.</b>	66	55.9	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HAMILTON HILL CREST MANOR

<b>Street Address:</b>		<b>City and State:</b>	
IRWIN AND COLBY ST		HAMILTON MO 64644	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	90	PROPRIETARY	01/07/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
57	0	36		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	49	86.0	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	51	89.5	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	41	71.9	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	75.4	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	45.6	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	28.1	33.1	29.3
<b>Completely bedfast residents.</b>	3	5.3	2.0	3.6
<b>Residents confined to chairs.</b>	20	35.1	40.6	39.1
<b>Residents requiring restraints.</b>	18	31.6	35.5	31.7
<b>Confused or disoriented residents.</b>	20	35.1	49.0	55.8
<b>Residents with bed sores.</b>	1	1.8	5.7	4.7
<b>Residents receiving special skin care.</b>	13	22.8	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BETH HAVEN NH

<b>Street Address:</b>		<b>City and State:</b>	
2500 PLEASANT		HANNIBAL MO 63401	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	76	NON-PROFIT RELIGIOUS	10/27/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
66	1	41

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	59	89.4	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	58	87.9	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	44	66.7	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	83.3	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	48	72.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	42.4	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	23	34.8	45.4	50.8
<b>Residents requiring restraints.</b>	21	31.8	39.3	41.3
<b>Confused or disoriented residents.</b>	32	48.5	50.6	58.4
<b>Residents with bed sores.</b>	3	4.5	7.3	7.1
<b>Residents receiving special skin care.</b>	0	0.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LUTHER MANOR RET AND NURS CTR

<b>Street Address:</b>		<b>City and State:</b>	
HIGHWAY 61 N RT 2		HANNIBAL MO 63401	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	NON-PROFIT RELIGIOUS	02/09/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
57	0	23	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	55	96.5	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	49	86.0	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	70.2	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	73.7	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	42	73.7	61.4	59.1
Residents on individually written bowel and bladder retraining program.	1	1.8	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	12	21.1	33.1	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>	38	66.7	40.6	39.1
<b>Residents requiring restraints.</b>	23	40.4	35.5	31.7
<b>Confused or disoriented residents.</b>	33	57.9	49.0	55.8
<b>Residents with bed sores.</b>	3	5.3	5.7	4.7
<b>Residents receiving special skin care.</b>	9	15.8	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE WILLOW CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
328 MUNGER LANE		HANNIBAL MO 63401	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	120	PROPRIETARY	07/10/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
103	0	90

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	77	74.8	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	82	79.6	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	58.3	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	75	72.8	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	60	58.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	3.9	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	38	36.9	36.9	37.7
<b>Completely bedfast residents.</b>	3	2.9	3.0	3.4
<b>Residents confined to chairs.</b>	36	35.0	45.4	50.8
<b>Residents requiring restraints.</b>	28	27.2	39.3	41.3
<b>Confused or disoriented residents.</b>	34	33.0	50.6	58.4
<b>Residents with bed sores.</b>	7	6.8	7.3	7.1
<b>Residents receiving special skin care.</b>	30	29.1	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ABC HEALTH CTR

<b>Street Address:</b> 307 E SOUTH ST		<b>City and State:</b> HARRISONVILLE MO 64701	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 52	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 32
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	47	90.4	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	40	76.9	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	35	67.3	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	35	67.3	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	40	76.9	61.4	59.1
Residents on individually written bowel and bladder retraining program.	2	3.8	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	30	57.7	33.1	29.3
<b>Completely bedfast residents.</b>	2	3.8	2.0	3.6
<b>Residents confined to chairs.</b>	32	61.5	40.6	39.1
<b>Residents requiring restraints.</b>	27	51.9	35.5	31.7
<b>Confused or disoriented residents.</b>	29	55.8	49.0	55.8
<b>Residents with bed sores.</b>	2	3.8	5.7	4.7
<b>Residents receiving special skin care.</b>	3	5.8	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE CAMDEN HEALTH CTR

<b>Street Address:</b> 2203 E MECHANIC		<b>City and State:</b> HARRISONVILLE MO 64701	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/24/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 50	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 15	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	46	92.0	82.7	78.3
<b>Dressing</b> Residents requiring some or total assistance in dressing.	46	92.0	80.2	76.7
<b>Toileting</b> Residents requiring some or total assistance in toileting.	46	92.0	67.9	63.4
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	48.0	69.7	66.0
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	34	68.0	61.4	59.1
Residents on individually written bowel and bladder retraining program.	2	4.0	5.0	6.1
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	19	38.0	33.1	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>	24	48.0	40.6	39.1
<b>Residents requiring restraints.</b>	27	54.0	35.5	31.7
<b>Confused or disoriented residents.</b>	20	40.0	49.0	55.8
<b>Residents with bed sores.</b>	4	8.0	5.7	4.7
<b>Residents receiving special skin care.</b>	12	24.0	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE GOLDEN YEARS CARE SERVICES INC

<b>Street Address:</b>		<b>City and State:</b>	
2003 JEFFERSSON PARKWAY		HARRISONVILLE MO 64701	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	20	PROPRIETARY	04/29/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
16	0	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	16	100	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	14	87.5	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	14	87.5	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	15	93.8	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	16	100	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	56.3	36.9	37.7
<b>Completely bedfast residents.</b>	1	6.3	3.0	3.4
<b>Residents confined to chairs.</b>	8	50.0	45.4	50.8
<b>Residents requiring restraints.</b>	7	43.8	39.3	41.3
<b>Confused or disoriented residents.</b>	7	43.8	50.6	58.4
<b>Residents with bed sores.</b>	3	18.8	7.3	7.1
<b>Residents receiving special skin care.</b>	2	12.5	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PEMISCOT COUNTY MEMORIAL HOSPITAL SNF

<b>Street Address:</b> HWY 61 AND LEE		<b>City and State:</b> HAYTI MO 63851	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 83	<b>Type of Ownership:</b> LOCAL GOVERNMENT	<b>Survey Date:</b> 12/03/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 14	<b>Medicare Residents:</b> 14	<b>Medicaid Residents:</b> 0	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	9	64.3	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	10	71.4	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	8	57.1	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	8	57.1	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	8	57.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	42.9	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	6	42.9	36.9	37.7
<b>Completely bedfast residents.</b>	2	14.3	3.0	3.4
<b>Residents confined to chairs.</b>	5	35.7	45.4	50.8
<b>Residents requiring restraints.</b>	4	28.6	39.3	41.3
<b>Confused or disoriented residents.</b>	7	50.0	50.6	58.4
<b>Residents with bed sores.</b>	3	21.4	7.3	7.1
<b>Residents receiving special skin care.</b>	5	35.7	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WESTVIEW NURSING CENTER

<b>Street Address:</b> 1333 SCENIC DRIVE		<b>City and State:</b> HERCULANEUM MO 63048	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 136	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 129	<b>Medicare Residents:</b> 10	<b>Medicaid Residents:</b> 119	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	125	96.9	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	116	89.9	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	107	82.9	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	106	82.2	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	40	31.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	1.6	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	64	49.6	36.9	37.7
<b>Completely bedfast residents.</b>	8	6.2	3.0	3.4
<b>Residents confined to chairs.</b>	81	62.8	45.4	50.8
<b>Residents requiring restraints.</b>	61	47.3	39.3	41.3
<b>Confused or disoriented residents.</b>	85	65.9	50.6	58.4
<b>Residents with bed sores.</b>	15	11.6	7.3	7.1
<b>Residents receiving special skin care.</b>	39	30.2	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE FRENE VALLEY GERI AND REHAB

<b>Street Address:</b> ROUTE 1 BOX 30C		<b>City and State:</b> HERMANN MO 65041	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 09/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 58	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 16
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	16	27.6	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	39	67.2	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	31	53.4	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	19	32.8	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	22	37.9	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	17.2	33.1	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>	6	10.3	40.6	39.1
<b>Residents requiring restraints.</b>	8	13.8	35.5	31.7
<b>Confused or disoriented residents.</b>	19	32.8	49.0	55.8
<b>Residents with bed sores.</b>	0	0.0	5.7	4.7
<b>Residents receiving special skin care.</b>	4	6.9	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE FRENE VALLEY HEALTH CENTER

<b>Street Address:</b> P O BOX 157		<b>City and State:</b> HERMANN MO 65041	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 88	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 33	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 27	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	27	81.8	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	28	84.8	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	23	69.7	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	69.7	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	22	66.7	61.4	59.1
Residents on individually written bowel and bladder retraining program.	3	9.1	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	33.3	33.1	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>	9	27.3	40.6	39.1
<b>Residents requiring restraints.</b>	10	30.3	35.5	31.7
<b>Confused or disoriented residents.</b>	11	33.3	49.0	55.8
<b>Residents with bed sores.</b>	3	9.1	5.7	4.7
<b>Residents receiving special skin care.</b>	6	18.2	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HERMITAGE PARK REGIONAL CARE CTR

<b>Street Address:</b>		<b>City and State:</b>	
FIRST STREET U S HIGHWAY 54		HERMITAGE MO 65668	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	06/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
98	5	69

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	80	81.6	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	92	93.9	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	92	93.9	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	72	73.5	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	76	77.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	29	29.6	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	43	43.9	45.4	50.8
<b>Residents requiring restraints.</b>	40	40.8	39.3	41.3
<b>Confused or disoriented residents.</b>	47	48.0	50.6	58.4
<b>Residents with bed sores.</b>	3	3.1	7.3	7.1
<b>Residents receiving special skin care.</b>	9	9.2	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HOUSTON HOUSE

<b>Street Address:</b>		<b>City and State:</b>	
HWY 17 W & INDUSTRIAL BLVD POB 240		HOUSTON MO 65483	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	44	PROPRIETARY	08/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
35	0	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	33	94.3	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	18	51.4	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	16	45.7	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	14	40.0	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	17	48.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	5	14.3	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	11	31.4	45.4	50.8
<b>Residents requiring restraints.</b>	9	25.7	39.3	41.3
<b>Confused or disoriented residents.</b>	17	48.6	50.6	58.4
<b>Residents with bed sores.</b>	0	0.0	7.3	7.1
<b>Residents receiving special skin care.</b>	7	20.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE NORTHWOOD HILLS HEALTH CR CTR

<b>Street Address:</b> PO BOX 187		<b>City and State:</b> HUMANSVILLE MO 65674	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/19/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 72	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 63
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	55	76.4	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	58	80.6	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	48	66.7	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	52	72.2	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	43	59.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	15.3	36.9	37.7
<b>Completely bedfast residents.</b>	1	1.4	3.0	3.4
<b>Residents confined to chairs.</b>	28	38.9	45.4	50.8
<b>Residents requiring restraints.</b>	23	31.9	39.3	41.3
<b>Confused or disoriented residents.</b>	46	63.9	50.6	58.4
<b>Residents with bed sores.</b>	4	5.6	7.3	7.1
<b>Residents receiving special skin care.</b>	8	11.1	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE INDEPENDENCE HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
17451 E MEDICAL CTR PARKWAY		INDEPENDENCE MO 64050	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	120	NON-PROFIT PRIVATE	02/26/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
110	0	94	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	77	70.0	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	110	100	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	80	72.7	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	110	100	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	83	75.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	36	32.7	36.9	37.7
<b>Completely bedfast residents.</b>	9	8.2	3.0	3.4
<b>Residents confined to chairs.</b>	33	30.0	45.4	50.8
<b>Residents requiring restraints.</b>	52	47.3	39.3	41.3
<b>Confused or disoriented residents.</b>	32	29.1	50.6	58.4
<b>Residents with bed sores.</b>	14	12.7	7.3	7.1
<b>Residents receiving special skin care.</b>	20	18.2	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE INDEPENDENCE REGIONAL HEALTH CTR SNF

<b>Street Address:</b> 1509 W TRUMAN RD		<b>City and State:</b> INDEPENDENCE MO 64050	
<b>Participation:</b> MEDICARE SNF	<b># of Beds:</b> 72	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 03/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 38	<b>Medicare Residents:</b> 38	<b>Medicaid Residents:</b> 0	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	11	28.9	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	38	100	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	38	100	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	37	97.4	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	22	57.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	2.6	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	9	23.7	36.9	37.7
<b>Completely bedfast residents.</b>	7	18.4	3.0	3.4
<b>Residents confined to chairs.</b>	9	23.7	45.4	50.8
<b>Residents requiring restraints.</b>	6	15.8	39.3	41.3
<b>Confused or disoriented residents.</b>	7	18.4	50.6	58.4
<b>Residents with bed sores.</b>	6	15.8	7.3	7.1
<b>Residents receiving special skin care.</b>	10	26.3	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE REST HAVEN

<b>Street Address:</b>		<b>City and State:</b>	
1500 W TRUMAN		INDEPENDENCE MO 64050	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	259	NON-PROFIT RELIGIOUS	05/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
205	0	130	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	146	71.2	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	146	71.2	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	73	35.6	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	58	28.3	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	75	36.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	1.5	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	47	22.9	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	29	14.1	45.4	50.8
<b>Residents requiring restraints.</b>	42	20.5	39.3	41.3
<b>Confused or disoriented residents.</b>	57	27.8	50.6	58.4
<b>Residents with bed sores.</b>	3	1.5	7.3	7.1
<b>Residents receiving special skin care.</b>	24	11.7	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE WINDSOR ESTATES CONVALESCENT CTR

<b>Street Address:</b> 10300 TRUMAN ROAD		<b>City and State:</b> INDEPENDENCE MO 64052	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 89	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 11/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 70		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 41			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
				<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>							
Residents requiring some or total assistance in bathing.				69	98.6	84.0	81.5
<b>Dressing</b>							
Residents requiring some or total assistance in dressing.				55	78.6	81.7	83.2
<b>Toileting</b>							
Residents requiring some or total assistance in toileting.				52	74.3	70.9	73.8
<b>Transferring</b>							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				45	64.3	72.8	77.2
<b>Continence</b>							
Residents with catheters or partial or total loss of bowel or bladder control.				51	72.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.				1	1.4	3.6	4.6
<b>Eating</b>							
Residents receiving tube feedings or requiring assistance with eating.				22	31.4	36.9	37.7
Completely bedfast residents.				2	2.9	3.0	3.4
Residents confined to chairs.				43	61.4	45.4	50.8
Residents requiring restraints.				37	52.9	39.3	41.3
Confused or disoriented residents.				45	64.3	50.6	58.4
Residents with bed sores.				11	15.7	7.3	7.1
Residents receiving special skin care.				18	25.7	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE JACKSON MANOR NURSING HOME

<b>Street Address:</b> 710 BROADRIDGE		<b>City and State:</b> JACKSON MO 63755	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 90	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 12/30/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 80	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 59	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	80	100	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	64	80.0	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	62	77.5	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	73.7	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	42	52.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	54	67.5	36.9	37.7
<b>Completely bedfast residents.</b>	4	5.0	3.0	3.4
<b>Residents confined to chairs.</b>	52	65.0	45.4	50.8
<b>Residents requiring restraints.</b>	46	57.5	39.3	41.3
<b>Confused or disoriented residents.</b>	55	68.8	50.6	58.4
<b>Residents with bed sores.</b>	12	15.0	7.3	7.1
<b>Residents receiving special skin care.</b>	23	28.7	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CHARLES E STILL OSTEOPATHIA HSP

<b>Street Address:</b> 1125 SO MADISON ST, PO BOX 1128		<b>City and State:</b> JEFFERSON CITY MO 65102	
<b>Participation:</b> MEDICARE/MEDICAID SNF	<b># of Beds:</b> 19	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 07/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 10	<b>Medicare Residents:</b> 10	<b>Medicaid Residents:</b> 0	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	9	90.0	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	9	90.0	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	9	90.0	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	100	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	10	100	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	10	100	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	4	40.0	45.4	50.8
<b>Residents requiring restraints.</b>	0	0.0	39.3	41.3
<b>Confused or disoriented residents.</b>	6	60.0	50.6	58.4
<b>Residents with bed sores.</b>	2	20.0	7.3	7.1
<b>Residents receiving special skin care.</b>	2	20.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HILLSIDE HEALTHCARE

<b>Street Address:</b>		<b>City and State:</b>	
1024 ADAMS ST		JEFFERSON CITY MO 65101	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	01/08/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
89	0	40		

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	45	50.6	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	73	82.0	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	67.4	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	62	69.7	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	56	62.9	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	45	50.6	36.9	37.7
<b>Completely bedfast residents.</b>	1	1.1	3.0	3.4
<b>Residents confined to chairs.</b>	45	50.6	45.4	50.8
<b>Residents requiring restraints.</b>	58	65.2	39.3	41.3
<b>Confused or disoriented residents.</b>	23	25.8	50.6	58.4
<b>Residents with bed sores.</b>	16	18.0	7.3	7.1
<b>Residents receiving special skin care.</b>	13	14.6	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE JEFFERSON CITY MANOR CARE CTR

<b>Street Address:</b>		<b>City and State:</b>	
1720 VIETH DR		JEFFERSON CITY MO 65101	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	102	PROPRIETARY	12/22/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
58	4	54

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	58	100	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	47	81.0	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	42	72.4	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	42	72.4	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	37	63.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	14	24.1	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	16	27.6	45.4	50.8
<b>Residents requiring restraints.</b>	22	37.9	39.3	41.3
<b>Confused or disoriented residents.</b>	51	87.9	50.6	58.4
<b>Residents with bed sores.</b>	4	6.9	7.3	7.1
<b>Residents receiving special skin care.</b>	13	22.4	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LINCOLN NURSING CENTER

<b>Street Address:</b> 3038 W TRUMAN BLVD		<b>City and State:</b> JEFFERSON CITY MO 65101	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 06/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 85	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 71		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	84	98.8	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	76	89.4	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	59	69.4	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	45	52.9	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	63	74.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	25	29.4	36.9	37.7
<b>Completely bedfast residents.</b>	3	3.5	3.0	3.4
<b>Residents confined to chairs.</b>	41	48.2	45.4	50.8
<b>Residents requiring restraints.</b>	39	45.9	39.3	41.3
<b>Confused or disoriented residents.</b>	64	75.3	50.6	58.4
<b>Residents with bed sores.</b>	6	7.1	7.3	7.1
<b>Residents receiving special skin care.</b>	3	3.5	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SOUTHGATE NURSING CENTER

<b>Street Address:</b> PO BOX 1014, 1207 STADIUM		<b>City and State:</b> JEFFERSON CITY MO 65101	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 11/25/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 68	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 57	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	53	77.9	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	57	83.8	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	52	76.5	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	56	82.4	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	52	76.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	27	39.7	36.9	37.7
<b>Completely bedfast residents.</b>	7	10.3	3.0	3.4
<b>Residents confined to chairs.</b>	23	33.8	45.4	50.8
<b>Residents requiring restraints.</b>	27	39.7	39.3	41.3
<b>Confused or disoriented residents.</b>	27	39.7	50.6	58.4
<b>Residents with bed sores.</b>	6	8.8	7.3	7.1
<b>Residents receiving special skin care.</b>	14	20.6	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE VILLA MARIE SNF

<b>Street Address:</b>		<b>City and State:</b>	
1030 EDMONDS STREET		JEFFERSON CITY MO 65101	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	NON-PROFIT RELIGIOUS	09/25/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
114	114	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	97	85.1	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	103	90.4	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	97	85.1	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	101	88.6	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	95	83.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	51	44.7	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	34.2	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	54	47.4	45.4	50.8
<b>Residents requiring restraints.</b>	49	43.0	39.3	41.3
<b>Confused or disoriented residents.</b>	101	88.6	50.6	58.4
<b>Residents with bed sores.</b>	10	8.8	7.3	7.1
<b>Residents receiving special skin care.</b>	24	21.1	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	NOT MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE JONESBURG CARING CENTER

<b>Street Address:</b> PO BOX 218		<b>City and State:</b> JONESBURG MO 63351	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 03/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 51	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 44	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	40	78.4	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	40	78.4	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	40	78.4	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	40	78.4	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	32	62.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	3.9	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	16	31.4	36.9	37.7
<b>Completely bedfast residents.</b>	1	2.0	3.0	3.4
<b>Residents confined to chairs.</b>	23	45.1	45.4	50.8
<b>Residents requiring restraints.</b>	13	25.5	39.3	41.3
<b>Confused or disoriented residents.</b>	11	21.6	50.6	58.4
<b>Residents with bed sores.</b>	4	7.8	7.3	7.1
<b>Residents receiving special skin care.</b>	10	19.6	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE JOPLIN HLTH CARE CTR

<b>Street Address:</b> 2700 E 34TH ST		<b>City and State:</b> JOPLIN MO 64801	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 126	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 109	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 0	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	107	98.2	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	92	84.4	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	84	77.1	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	82	75.2	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	64	58.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	51	46.8	36.9	37.7
<b>Completely bedfast residents.</b>	14	12.8	3.0	3.4
<b>Residents confined to chairs.</b>	9	8.3	45.4	50.8
<b>Residents requiring restraints.</b>	55	50.5	39.3	41.3
<b>Confused or disoriented residents.</b>	65	59.6	50.6	58.4
<b>Residents with bed sores.</b>	6	5.5	7.3	7.1
<b>Residents receiving special skin care.</b>	31	28.4	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE JOPLIN HOUSE HEALTHCARE

<b>Street Address:</b> 2502 MOFFET		<b>City and State:</b> JOPLIN MO 64801	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 05/26/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 93		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 69			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
				<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>							
Residents requiring some or total assistance in bathing.				74	79.6	84.0	81.5
<b>Dressing</b>							
Residents requiring some or total assistance in dressing.				75	80.6	81.7	83.2
<b>Toileting</b>							
Residents requiring some or total assistance in toileting.				57	61.3	70.9	73.8
<b>Transferring</b>							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				62	66.7	72.8	77.2
<b>Continence</b>							
Residents with catheters or partial or total loss of bowel or bladder control.				43	46.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.				0	0.0	3.6	4.6
<b>Eating</b>							
Residents receiving tube feedings or requiring assistance with eating.				18	19.4	36.9	37.7
<b>Completely bedfast residents.</b>				2	2.2	3.0	3.4
<b>Residents confined to chairs.</b>				23	24.7	45.4	50.8
<b>Residents requiring restraints.</b>				38	40.9	39.3	41.3
<b>Confused or disoriented residents.</b>				66	71.0	50.6	58.4
<b>Residents with bed sores.</b>				8	8.6	7.3	7.1
<b>Residents receiving special skin care.</b>				21	22.6	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MEADOW VIEW NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1805 WEST 32ND STREET		JOPLIN MO 64801	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	10/07/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
99	0	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	82	82.8	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	76	76.8	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	71	71.7	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	68	68.7	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	70	70.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	38	38.4	36.9	37.7
<b>Completely bedfast residents.</b>	2	2.0	3.0	3.4
<b>Residents confined to chairs.</b>	64	64.6	45.4	50.8
<b>Residents requiring restraints.</b>	42	42.4	39.3	41.3
<b>Confused or disoriented residents.</b>	54	54.5	50.6	58.4
<b>Residents with bed sores.</b>	8	8.1	7.3	7.1
<b>Residents receiving special skin care.</b>	24	24.2	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE REGENCY CARE CENTER OF JOPLIN

<b>Street Address:</b> 2218 W 32ND STREET		<b>City and State:</b> JOPLIN MO 64801	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 90	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 07/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 46	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 33		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	44	95.7	84.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	44	95.7	81.7	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	42	91.3	70.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	41	89.1	72.8	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	29	63.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	8	17.4	3.6	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	15	32.6	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	24	52.2	45.4	50.8
<b>Residents requiring restraints.</b>	35	76.1	39.3	41.3
<b>Confused or disoriented residents.</b>	32	69.6	50.6	58.4
<b>Residents with bed sores.</b>	4	8.7	7.3	7.1
<b>Residents receiving special skin care.</b>	20	43.5	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE TRADITION HOUSE HEALTHCARE

<b>Street Address:</b> POB 2039		<b>City and State:</b> JOPLIN MO 64903	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 92	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 12/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 81	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 59		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	71	87.7	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	59	72.8	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	55	67.9	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	53.1	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	51	63.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	49	60.5	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	35	43.2	45.4	50.8
<b>Residents requiring restraints.</b>	25	30.9	39.3	41.3
<b>Confused or disoriented residents.</b>	63	77.8	50.6	58.4
<b>Residents with bed sores.</b>	2	2.5	7.3	7.1
<b>Residents receiving special skin care.</b>	22	27.2	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE CLARK CO NH

<b>Street Address:</b> RR 2 HWY 81 N		<b>City and State:</b> KAHOKA MO 63445	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 120	<b>Type of Ownership:</b> FEDERAL GOVERNMENT	<b>Survey Date:</b> 04/29/87

## SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
119	0	69			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	118	99.2	82.7	78.3	
Dressing					
Residents requiring some or total assistance in dressing.	89	74.8	80.2	76.7	
Toileting					
Residents requiring some or total assistance in toileting.	78	65.5	67.9	63.4	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	74	62.2	69.7	66.0	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	67	56.3	61.4	59.1	
Residents on individually written bowel and bladder retraining program.	1	0.8	5.0	6.1	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	35	29.4	33.1	29.3	
Completely bedfast residents.	1	0.8	2.0	3.6	
Residents confined to chairs.	10	8.4	40.6	39.1	
Residents requiring restraints.	38	31.9	35.5	31.7	
Confused or disoriented residents.	70	58.8	49.0	55.8	
Residents with bed sores.	8	6.7	5.7	4.7	
Residents receiving special skin care.	21	17.6	27.7	24.0	



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ARMOUR MEDICAL WING

<b>Street Address:</b> 8100 WORNALL ROAD		<b>City and State:</b> KANSAS CITY MO 64114	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 34	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 01/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 24	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 8	
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	19	79.2	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	19	79.2	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	15	62.5	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	22	91.7	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	7	29.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	8.3	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	6	25.0	36.9	37.7
<b>Completely bedfast residents.</b>	1	4.2	3.0	3.4
<b>Residents confined to chairs.</b>	14	58.3	45.4	50.8
<b>Residents requiring restraints.</b>	4	16.7	39.3	41.3
<b>Confused or disoriented residents.</b>	4	16.7	50.6	58.4
<b>Residents with bed sores.</b>	0	0.0	7.3	7.1
<b>Residents receiving special skin care.</b>	0	0.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

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Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BAPTIST MEDICAL CENTER

<b>Street Address:</b> 6601 ROCKHILL ROAD		<b>City and State:</b> KANSAS CITY MO 64131	
<b>Participation:</b> MEDICARE SNF	<b># of Beds:</b> 17	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 04/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 17	<b>Medicare Residents:</b> 17	<b>Medicaid Residents:</b> 0	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	13	76.5	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	16	94.1	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	16	94.1	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	16	94.1	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	11	64.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	5	29.4	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	47.1	36.9	37.7
<b>Completely bedfast residents.</b>	1	5.9	3.0	3.4
<b>Residents confined to chairs.</b>	3	17.6	45.4	50.8
<b>Residents requiring restraints.</b>	4	23.5	39.3	41.3
<b>Confused or disoriented residents.</b>	8	47.1	50.6	58.4
<b>Residents with bed sores.</b>	3	17.6	7.3	7.1
<b>Residents receiving special skin care.</b>	4	23.5	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE BLUE HILLS CENTRE

<b>Street Address:</b> 12942 WORNALL		<b>City and State:</b> KANSAS CITY MO 64145	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 183	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 01/26/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 70		<b>Medicare Residents:</b> 2		<b>Medicaid Residents:</b> 68			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.				<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
				<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>							
Residents requiring some or total assistance in bathing.				64	91.4	84.0	81.5
<b>Dressing</b>							
Residents requiring some or total assistance in dressing.				61	87.1	81.7	83.2
<b>Toileting</b>							
Residents requiring some or total assistance in toileting.				61	87.1	70.9	73.8
<b>Transferring</b>							
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.				62	88.6	72.8	77.2
<b>Continence</b>							
Residents with catheters or partial or total loss of bowel or bladder control.				61	87.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.				0	0.0	3.6	4.6
<b>Eating</b>							
Residents receiving tube feedings or requiring assistance with eating.				10	14.3	36.9	37.7
<b>Completely bedfast residents.</b>				2	2.9	3.0	3.4
<b>Residents confined to chairs.</b>				59	84.3	45.4	50.8
<b>Residents requiring restraints.</b>				30	42.9	39.3	41.3
<b>Confused or disoriented residents.</b>				56	80.0	50.6	58.4
<b>Residents with bed sores.</b>				8	11.4	7.3	7.1
<b>Residents receiving special skin care.</b>				47	67.1	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE CARONDELET MANOR

<b>Street Address:</b>		<b>City and State:</b>	
621 CARONDELET DRIVE		KANSAS CITY MO 64114	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	11/24/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
129	1	24

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	113	87.6	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	99	76.7	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	93	72.1	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	93	72.1	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	74	57.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	5	3.9	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	50	38.8	36.9	37.7
<b>Completely bedfast residents.</b>	1	0.8	3.0	3.4
<b>Residents confined to chairs.</b>	88	68.2	45.4	50.8
<b>Residents requiring restraints.</b>	34	26.4	39.3	41.3
<b>Confused or disoriented residents.</b>	44	34.1	50.6	58.4
<b>Residents with bed sores.</b>	10	7.8	7.3	7.1
<b>Residents receiving special skin care.</b>	38	29.5	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CLARA MANOR

<b>Street Address:</b> 3621 WARWICK BLVD		<b>City and State:</b> KANSAS CITY MO 64111	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 80	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 04/05/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 2	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 0
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	1	50.0	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	1	50.0	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	0	0.0	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	0	0.0	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	0	0.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	0	0.0	45.4	50.8
<b>Residents requiring restraints.</b>	0	0.0	39.3	41.3
<b>Confused or disoriented residents.</b>	0	0.0	50.6	58.4
<b>Residents with bed sores.</b>	0	0.0	7.3	7.1
<b>Residents receiving special skin care.</b>	0	0.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE CLEVELAND HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
7001 CLEVELAND		KANSAS CITY MO 64132	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	150	PROPRIETARY	03/15/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
116		0		113	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		100	86.2	84.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		100	86.2	81.7	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		86	74.1	70.9	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		59	50.9	72.8	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		90	77.6	64.6	68.2
Residents on individually written bowel and bladder retraining program.		14	12.1	3.6	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		46	39.7	36.9	37.7
<b>Completely bedfast residents.</b>		0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>		50	43.1	45.4	50.8
<b>Residents requiring restraints.</b>		28	24.1	39.3	41.3
<b>Confused or disoriented residents.</b>		54	46.6	50.6	58.4
<b>Residents with bed sores.</b>		14	12.1	7.3	7.1
<b>Residents receiving special skin care.</b>		40	34.5	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE COSADA VILLA OF MISSOURI INC

<b>Street Address:</b> 8575 COSADA DRIVE		<b>City and State:</b> KANSAS CITY MO 64154	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 180	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 02/05/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 165	<b>Medicare Residents:</b> 1	<b>Medicaid Residents:</b> 100
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	141	85.5	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	139	84.2	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	120	72.7	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	133	80.6	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	111	67.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	84	50.9	36.9	37.7
<b>Completely bedfast residents.</b>	2	1.2	3.0	3.4
<b>Residents confined to chairs.</b>	84	50.9	45.4	50.8
<b>Residents requiring restraints.</b>	63	38.2	39.3	41.3
<b>Confused or disoriented residents.</b>	85	51.5	50.6	58.4
<b>Residents with bed sores.</b>	29	17.6	7.3	7.1
<b>Residents receiving special skin care.</b>	59	35.8	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE EXPERIUS HEALTH CARE INC

<b>Street Address:</b>		<b>City and State:</b>	
5331 HIGHLAND AVENUE		KANSAS CITY MO 64110	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	322	PROPRIETARY	04/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
94	0	79		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	71	75.5	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	71	75.5	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	47	50.0	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	47	50.0	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	34	36.2	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	6	6.4	33.1	29.3
<b>Completely bedfast residents.</b>	2	2.1	2.0	3.6
<b>Residents confined to chairs.</b>	1	1.1	40.6	39.1
<b>Residents requiring restraints.</b>	19	20.2	35.5	31.7
<b>Confused or disoriented residents.</b>	19	20.2	49.0	55.8
<b>Residents with bed sores.</b>	30	31.9	5.7	4.7
<b>Residents receiving special skin care.</b>	5	5.3	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE GLENNON PLACE**

<b>Street Address:</b>		<b>City and State:</b>	
128 N HARDESTY		KANSAS CITY MO 64123	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	120	PROPRIETARY	03/16/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
111	0	111

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	79	71.2	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	79	71.2	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	70	63.1	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	85	76.6	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	59	53.2	61.4	59.1
Residents on individually written bowel and bladder retraining program.	2	1.8	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	39	35.1	33.1	29.3
<b>Completely bedfast residents.</b>	1	0.9	2.0	3.6
<b>Residents confined to chairs.</b>	18	16.2	40.6	39.1
<b>Residents requiring restraints.</b>	42	37.8	35.5	31.7
<b>Confused or disoriented residents.</b>	37	33.3	49.0	55.8
<b>Residents with bed sores.</b>	7	6.3	5.7	4.7
<b>Residents receiving special skin care.</b>	50	45.0	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	NOT MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE HOLMESDALE CONV CENTER

<b>Street Address:</b> 8039 HOLMES RD		<b>City and State:</b> KANSAS CITY MO 64131	
<b>Participation:</b> MEDICARE SNF	<b># of Beds:</b> 100	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 10/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 66	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 0
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	59	89.4	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	54	81.8	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	53	80.3	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	54	81.8	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	51	77.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	31.8	36.9	37.7
<b>Completely bedfast residents.</b>	2	3.0	3.0	3.4
<b>Residents confined to chairs.</b>	35	53.0	45.4	50.8
<b>Residents requiring restraints.</b>	25	37.9	39.3	41.3
<b>Confused or disoriented residents.</b>	43	65.2	50.6	58.4
<b>Residents with bed sores.</b>	8	12.1	7.3	7.1
<b>Residents receiving special skin care.</b>	18	27.3	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE JEANNE JUGAN CENTER

<b>Street Address:</b>		<b>City and State:</b>	
8745 JAMES A REED ROAD		KANSAS CITY MO 64138	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	81	NON-PROFIT RELIGIOUS	03/22/88

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
28	0	25			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
Bathing					
Residents requiring some or total assistance in bathing.		25	89.3	84.0	81.5
Dressing					
Residents requiring some or total assistance in dressing.		24	85.7	81.7	83.2
Toileting					
Residents requiring some or total assistance in toileting.		24	85.7	70.9	73.8
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		23	82.1	72.8	77.2
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.		23	82.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.		0	0.0	3.6	4.6
Eating					
Residents receiving tube feedings or requiring assistance with eating.		2	7.1	36.9	37.7
Completely bedfast residents.		0	0.0	3.0	3.4
Residents confined to chairs.		2	7.1	45.4	50.8
Residents requiring restraints.		8	28.6	39.3	41.3
Confused or disoriented residents.		15	53.6	50.6	58.4
Residents with bed sores.		4	14.3	7.3	7.1
Residents receiving special skin care.		28	100	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE JEANNE JUGAN CENTER

<b>Street Address:</b>		<b>City and State:</b>	
8745 JAMES A REED ROAD		KANSAS CITY MO 64138	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	NON-PROFIT RELIGIOUS	09/11/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
60	0	48	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	43	71.7	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	42	70.0	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	30	50.0	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	55	91.7	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	26	43.3	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	3	5.0	33.1	29.3
<b>Completely bedfast residents.</b>	1	1.7	2.0	3.6
<b>Residents confined to chairs.</b>	26	43.3	40.6	39.1
<b>Residents requiring restraints.</b>	6	10.0	35.5	31.7
<b>Confused or disoriented residents.</b>	16	26.7	49.0	55.8
<b>Residents with bed sores.</b>	3	5.0	5.7	4.7
<b>Residents receiving special skin care.</b>	11	18.3	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE KINGSWOOD MANOR

<b>Street Address:</b>		<b>City and State:</b>	
10000 WORNALL ROAD		KANSAS CITY MO 64114	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	79	NON-PROFIT RELIGIOUS	10/16/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
1	1	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	1	100	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	1	100	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	1	100	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	1	100	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	1	100	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	0	0.0	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	0	0.0	45.4	50.8
<b>Residents requiring restraints.</b>	0	0.0	39.3	41.3
<b>Confused or disoriented residents.</b>	0	0.0	50.6	58.4
<b>Residents with bed sores.</b>	0	0.0	7.3	7.1
<b>Residents receiving special skin care.</b>	0	0.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MENORAH MEDICAL CENTER

<b>Street Address:</b>		<b>City and State:</b>	
4949 ROCKHILL ROAD		KANSAS CITY MO 64110	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	12	NON-PROFIT OTHER	02/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
5	5	0

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

FACILITY		STATE	NATION
#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	5	100	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	5	100	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	5	100	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	100	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	2	40.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	1	20.0	36.9	37.7
<b>Completely bedfast residents.</b>	1	20.0	3.0	3.4
<b>Residents confined to chairs.</b>	2	40.0	45.4	50.8
<b>Residents requiring restraints.</b>	1	20.0	39.3	41.3
<b>Confused or disoriented residents.</b>	1	20.0	50.6	58.4
<b>Residents with bed sores.</b>	0	0.0	7.3	7.1
<b>Residents receiving special skin care.</b>	2	40.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	NOT MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## MYERS NURSING AND CONV CTR

<b>Street Address:</b>		<b>City and State:</b>	
2315 WALROND		KANSAS CITY MO 64127	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	84	PROPRIETARY	02/19/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
80	0	60

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	60	75.0	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	55	68.8	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	47	58.7	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	66	82.5	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	49	61.2	61.4	59.1
Residents on individually written bowel and bladder retraining program.	4	5.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	20	25.0	33.1	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>	40	50.0	40.6	39.1
<b>Residents requiring restraints.</b>	35	43.8	35.5	31.7
<b>Confused or disoriented residents.</b>	50	62.5	49.0	55.8
<b>Residents with bed sores.</b>	5	6.3	5.7	4.7
<b>Residents receiving special skin care.</b>	22	27.5	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	NOT MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE NEW MARK CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
11221 NORTH OAK STREET		KANSAS CITY MO 64155	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	09/14/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
32	0	24

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	23	71.9	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	26	81.3	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	24	75.0	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	24	75.0	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	22	68.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	46.9	36.9	37.7
<b>Completely bedfast residents.</b>	1	3.1	3.0	3.4
<b>Residents confined to chairs.</b>	19	59.4	45.4	50.8
<b>Residents requiring restraints.</b>	17	53.1	39.3	41.3
<b>Confused or disoriented residents.</b>	5	15.6	50.6	58.4
<b>Residents with bed sores.</b>	2	6.3	7.3	7.1
<b>Residents receiving special skin care.</b>	9	28.1	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE OAK PARK MANOR NURSING CENTER

<b>Street Address:</b>		<b>City and State:</b>	
724 NE 79TH TERRACE		KANSAS CITY MO 64118	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	120	PROPRIETARY	08/28/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
61	0	61	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	46	75.4	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	56	91.8	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	54	88.5	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	78.7	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	39	63.9	61.4	59.1
Residents on individually written bowel and bladder retraining program.	4	6.6	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	24	39.3	33.1	29.3
<b>Completely bedfast residents.</b>	4	6.6	2.0	3.6
<b>Residents confined to chairs.</b>	4	6.6	40.6	39.1
<b>Residents requiring restraints.</b>	27	44.3	35.5	31.7
<b>Confused or disoriented residents.</b>	40	65.6	49.0	55.8
<b>Residents with bed sores.</b>	12	19.7	5.7	4.7
<b>Residents receiving special skin care.</b>	23	37.7	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	NOT MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE OUR LADY OF MERCY

<b>Street Address:</b> 918 E 9TH STREET		<b>City and State:</b> KANSAS CITY MO 64106	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 153	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 08/26/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 66		<b>Medicare Residents:</b> 0		<b>Medicaid Residents:</b> 46	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		#		%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		46	69.7	82.7	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		40	60.6	80.2	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		40	60.6	67.9	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		42	63.6	69.7	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		23	34.8	61.4	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		36	54.5	33.1	29.3
<b>Completely bedfast residents.</b>		0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>		24	36.4	40.6	39.1
<b>Residents requiring restraints.</b>		32	48.5	35.5	31.7
<b>Confused or disoriented residents.</b>		31	47.0	49.0	55.8
<b>Residents with bed sores.</b>		5	7.6	5.7	4.7
<b>Residents receiving special skin care.</b>		5	7.6	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PARK LANE MEDICAL CENTER

<b>Street Address:</b>		<b>City and State:</b>	
5151 RAYTOWN ROAD		KANSAS CITY MO 64133	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	10	NON-PROFIT PRIVATE	03/16/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
6	6	0

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	6	100	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	6	100	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	6	100	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	6	100	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	5	83.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	5	83.3	36.9	37.7
<b>Completely bedfast residents.</b>	2	33.3	3.0	3.4
<b>Residents confined to chairs.</b>	3	50.0	45.4	50.8
<b>Residents requiring restraints.</b>	1	16.7	39.3	41.3
<b>Confused or disoriented residents.</b>	2	33.3	50.6	58.4
<b>Residents with bed sores.</b>	5	83.3	7.3	7.1
<b>Residents receiving special skin care.</b>	6	100	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	NOT MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE PLAZA MANOR

<b>Street Address:</b>		<b>City and State:</b>	
4330 WASHINGTON		KANSAS CITY MO 64111	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	154	PROPRIETARY	04/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
130		3		59	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		128	98.5	84.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		77	59.2	81.7	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		75	57.7	70.9	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		75	57.7	72.8	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		57	43.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.		2	1.5	3.6	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		22	16.9	36.9	37.7
<b>Completely bedfast residents.</b>		6	4.6	3.0	3.4
<b>Residents confined to chairs.</b>		32	24.6	45.4	50.8
<b>Residents requiring restraints.</b>		40	30.8	39.3	41.3
<b>Confused or disoriented residents.</b>		65	50.0	50.6	58.4
<b>Residents with bed sores.</b>		12	9.2	7.3	7.1
<b>Residents receiving special skin care.</b>		12	9.2	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE RED BRIDGE HEALTH CARE CENTER

<b>Street Address:</b> 11515 TROOST		<b>City and State:</b> KANSAS CITY MO 64131	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 150	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 01/16/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 113		<b>Medicare Residents:</b> 6		<b>Medicaid Residents:</b> 16	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		<b>#</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		98	86.7	84.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		84	74.3	81.7	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		83	73.5	70.9	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		88	77.9	72.8	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		83	73.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.		2	1.8	3.6	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		38	33.6	36.9	37.7
<b>Completely bedfast residents.</b>		3	2.7	3.0	3.4
<b>Residents confined to chairs.</b>		85	75.2	45.4	50.8
<b>Residents requiring restraints.</b>		62	54.9	39.3	41.3
<b>Confused or disoriented residents.</b>		65	57.5	50.6	58.4
<b>Residents with bed sores.</b>		15	13.3	7.3	7.1
<b>Residents receiving special skin care.</b>		21	18.6	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE RESEARCH MEDICAL CTR**

<b>Street Address:</b>		<b>City and State:</b>	
2316 E MEYER BOULEVARD		KANSAS CITY MO 64132	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	35	NON-PROFIT OTHER	10/28/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
24	11	0

<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
	#	%	%	%

<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	15	62.5	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	18	75.0	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	18	75.0	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	10	41.7	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	10	41.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	6	25.0	36.9	37.7
<b>Completely bedfast residents.</b>	4	16.7	3.0	3.4
<b>Residents confined to chairs.</b>	5	20.8	45.4	50.8
<b>Residents requiring restraints.</b>	1	4.2	39.3	41.3
<b>Confused or disoriented residents.</b>	4	16.7	50.6	58.4
<b>Residents with bed sores.</b>	0	0.0	7.3	7.1
<b>Residents receiving special skin care.</b>	11	45.8	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SHALOM GERIATRIC CENTER

<b>Street Address:</b>		<b>City and State:</b>	
7801 HOLMES		KANSAS CITY MO 64131	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	192	NON-PROFIT OTHER	08/13/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
186	0	104		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	153	82.3	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	152	81.7	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	133	71.5	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	64.5	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	132	71.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	5	2.7	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	81	43.5	36.9	37.7
<b>Completely bedfast residents.</b>	4	2.2	3.0	3.4
<b>Residents confined to chairs.</b>	110	59.1	45.4	50.8
<b>Residents requiring restraints.</b>	66	35.5	39.3	41.3
<b>Confused or disoriented residents.</b>	94	50.5	50.6	58.4
<b>Residents with bed sores.</b>	17	9.1	7.3	7.1
<b>Residents receiving special skin care.</b>	37	19.9	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE SOUTH PARK CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
904 EAST 68TH STREET		KANSAS CITY MO 64131	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	174	PROPRIETARY	07/21/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
149	0	0	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	112	75.2	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	108	72.5	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	112	75.2	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	112	75.2	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	95	63.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	4	2.7	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	37	24.8	36.9	37.7
<b>Completely bedfast residents.</b>	7	4.7	3.0	3.4
<b>Residents confined to chairs.</b>	44	29.5	45.4	50.8
<b>Residents requiring restraints.</b>	77	51.7	39.3	41.3
<b>Confused or disoriented residents.</b>	77	51.7	50.6	58.4
<b>Residents with bed sores.</b>	9	6.0	7.3	7.1
<b>Residents receiving special skin care.</b>	39	26.2	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SWOPE RIDGE REHABILITATION CTR

<b>Street Address:</b>		<b>City and State:</b>	
5900 SWOPE PARKWAY		KANSAS CITY MO 64130	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	170	NON-PROFIT PRIVATE	01/11/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
170	3	152		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	142	83.5	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	147	86.5	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	104	61.2	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	109	64.1	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	97	57.1	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	64	37.6	36.9	37.7
<b>Completely bedfast residents.</b>	2	1.2	3.0	3.4
<b>Residents confined to chairs.</b>	113	66.5	45.4	50.8
<b>Residents requiring restraints.</b>	74	43.5	39.3	41.3
<b>Confused or disoriented residents.</b>	118	69.4	50.6	58.4
<b>Residents with bed sores.</b>	19	11.2	7.3	7.1
<b>Residents receiving special skin care.</b>	36	21.2	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	NOT MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE TIMBERLAKE CARE CENTER

<b>Street Address:</b> 12110 HOLMES		<b>City and State:</b> KANSAS CITY MO 64145	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 88	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 01/14/88

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 73	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 16	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	53	72.6	84.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	64	87.7	81.7	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	23	31.5	70.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	60	82.2	72.8	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	33	45.2	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	43	58.9	36.9	37.7
Completely bedfast residents.	0	0.0	3.0	3.4
Residents confined to chairs.	23	31.5	45.4	50.8
Residents requiring restraints.	24	32.9	39.3	41.3
Confused or disoriented residents.	24	32.9	50.6	58.4
Residents with bed sores.	8	11.0	7.3	7.1
Residents receiving special skin care.	20	27.4	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE TRINITY EXTEND-A-CARE UNIT

<b>Street Address:</b> 3030 BALTIMORE		<b>City and State:</b> KANSAS CITY MO 64108	
<b>Participation:</b> MEDICARE SNF	<b># of Beds:</b> 30	<b>Type of Ownership:</b> NON-PROFIT RELIGIOUS	<b>Survey Date:</b> 09/24/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 19	<b>Medicare Residents:</b> 19	<b>Medicaid Residents:</b> 0	
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	9	47.4	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	12	63.2	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	11	57.9	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	11	57.9	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	9	47.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	2	10.5	36.9	37.7
<b>Completely bedfast residents.</b>	1	5.3	3.0	3.4
<b>Residents confined to chairs.</b>	3	15.8	45.4	50.8
<b>Residents requiring restraints.</b>	1	5.3	39.3	41.3
<b>Confused or disoriented residents.</b>	3	15.8	50.6	58.4
<b>Residents with bed sores.</b>	2	10.5	7.3	7.1
<b>Residents receiving special skin care.</b>	4	21.1	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE TRUMAN MED CTR EAST

<b>Street Address:</b>		<b>City and State:</b>	
7900 LEE'S SUMMIT ROAD		KANSAS CITY MO 64139	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	226	LOCAL GOVERNMENT	07/17/87

## SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
222	0	215		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	185	83.3	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	175	78.8	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	139	62.6	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	120	54.1	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	146	65.8	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	85	38.3	36.9	37.7
<b>Completely bedfast residents.</b>	5	2.3	3.0	3.4
<b>Residents confined to chairs.</b>	94	42.3	45.4	50.8
<b>Residents requiring restraints.</b>	83	37.4	39.3	41.3
<b>Confused or disoriented residents.</b>	109	49.1	50.6	58.4
<b>Residents with bed sores.</b>	4	1.8	7.3	7.1
<b>Residents receiving special skin care.</b>	52	23.4	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE UNIVERSITY TOWERS-MEDICAL PAVILION

<b>Street Address:</b> 700 E 8TH ST		<b>City and State:</b> KANSAS CITY MO 64106	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 50	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 03/10/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 43	<b>Medicare Residents:</b> 16	<b>Medicaid Residents:</b> 27
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	38	88.4	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	38	88.4	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	38	88.4	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	38	88.4	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	38	88.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	2.3	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	22	51.2	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	22	51.2	45.4	50.8
<b>Residents requiring restraints.</b>	20	46.5	39.3	41.3
<b>Confused or disoriented residents.</b>	13	30.2	50.6	58.4
<b>Residents with bed sores.</b>	4	9.3	7.3	7.1
<b>Residents receiving special skin care.</b>	0	0.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	516	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

# **NURSING HOME PROFILE WORNALL HTH CARE CTR**

<b>Street Address:</b>		<b>City and State:</b>	
12000 WORNALL ROAD		KANSAS CITY MO 64145	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	240	PROPRIETARY	10/27/87

## **SELECTED RESIDENT CHARACTERISTICS**

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
197	0	109

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	132	67.0	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	157	79.7	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	143	72.6	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	167	84.8	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	129	65.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	77	39.1	36.9	37.7
<b>Completely bedfast residents.</b>	8	4.1	3.0	3.4
<b>Residents confined to chairs.</b>	85	43.1	45.4	50.8
<b>Residents requiring restraints.</b>	69	35.0	39.3	41.3
<b>Confused or disoriented residents.</b>	81	41.1	50.6	58.4
<b>Residents with bed sores.</b>	14	7.1	7.3	7.1
<b>Residents receiving special skin care.</b>	59	29.9	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	NOT MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	NOT MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	NOT MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	NOT MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	NOT MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	NOT MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE KENNETT HEALTH CARE CTR

<b>Street Address:</b>		<b>City and State:</b>	
RT 1, SOUTH BY PASS, PO BOX 696		KENNETT MO 63857	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	12/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
117	2	99		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	83	70.9	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	92	78.6	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	75	64.1	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	77	65.8	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	73	62.4	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	5.1	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	40	34.2	36.9	37.7
<b>Completely bedfast residents.</b>	2	1.7	3.0	3.4
<b>Residents confined to chairs.</b>	51	43.6	45.4	50.8
<b>Residents requiring restraints.</b>	57	48.7	39.3	41.3
<b>Confused or disoriented residents.</b>	31	26.5	50.6	58.4
<b>Residents with bed sores.</b>	4	3.4	7.3	7.1
<b>Residents receiving special skin care.</b>	29	24.8	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## TABLE ROCK HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
ROUTE 3, BOX 58A		KIMBERLING CITY MO 65686	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	120	PROPRIETARY	06/12/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
46	0	24	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	19	41.3	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	29	63.0	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	27	58.7	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	23	50.0	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	25	54.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	11	23.9	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	19	41.3	45.4	50.8
<b>Residents requiring restraints.</b>	13	28.3	39.3	41.3
<b>Confused or disoriented residents.</b>	30	65.2	50.6	58.4
<b>Residents with bed sores.</b>	1	2.2	7.3	7.1
<b>Residents receiving special skin care.</b>	12	26.1	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE KING CITY MANOR

<b>Street Address:</b>		<b>City and State:</b>	
300 WEST FAIRWAYS		KING CITY MO 64463	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	PROPRIETARY	02/23/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
60	0	37

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	59	98.3	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	44	73.3	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	39	65.0	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	43	71.7	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	59	98.3	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	8	13.3	33.1	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>	36	60.0	40.6	39.1
<b>Residents requiring restraints.</b>	19	31.7	35.5	31.7
<b>Confused or disoriented residents.</b>	22	36.7	49.0	55.8
<b>Residents with bed sores.</b>	0	0.0	5.7	4.7
<b>Residents receiving special skin care.</b>	1	1.7	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

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	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	NOT MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

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		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE KIRKSVILLE MANOR CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
1705 EAST LAHARPE		KIRKSVILLE MO 63501	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	132	NON-PROFIT OTHER	05/06/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>
112	4	48

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	99	88.4	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	84	75.0	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	77	68.8	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	87	77.7	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	59	52.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.	1	0.9	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	48	42.9	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	6	5.4	45.4	50.8
<b>Residents requiring restraints.</b>	40	35.7	39.3	41.3
<b>Confused or disoriented residents.</b>	36	32.1	50.6	58.4
<b>Residents with bed sores.</b>	4	3.6	7.3	7.1
<b>Residents receiving special skin care.</b>	74	66.1	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	NOT MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE TWIN PINES ADULT CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
316 S OSTEOPATHY		KIRKSVILLE MO 63501	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	186	LOCAL GOVERNMENT	11/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>			
150	1	108			
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		<b>FACILITY</b>		<b>STATE</b>	<b>NATION</b>
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		139	92.7	84.0	81.5
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		119	79.3	81.7	83.2
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		109	72.7	70.9	73.8
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		114	76.0	72.8	77.2
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		106	70.7	64.6	68.2
Residents on individually written bowel and bladder retraining program.		1	0.7	3.6	4.6
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		53	35.3	36.9	37.7
<b>Completely bedfast residents.</b>		9	6.0	3.0	3.4
<b>Residents confined to chairs.</b>		96	64.0	45.4	50.8
<b>Residents requiring restraints.</b>		90	60.0	39.3	41.3
<b>Confused or disoriented residents.</b>		150	100	50.6	58.4
<b>Residents with bed sores.</b>		24	16.0	7.3	7.1
<b>Residents receiving special skin care.</b>		85	56.7	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE MANOR GROVE

<b>Street Address:</b> 711 S KIRKWOOD RD		<b>City and State:</b> KIRKWOOD MO 63122	
<b>Participation:</b> MEDICAID SNF/ICF	<b># of Beds:</b> 107	<b>Type of Ownership:</b> NON-PROFIT OTHER	<b>Survey Date:</b> 02/29/88

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 12	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 12
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b> Residents requiring some or total assistance in bathing.	7	58.3	84.0	81.5
<b>Dressing</b> Residents requiring some or total assistance in dressing.	8	66.7	81.7	83.2
<b>Toileting</b> Residents requiring some or total assistance in toileting.	7	58.3	70.9	73.8
<b>Transferring</b> Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	7	58.3	72.8	77.2
<b>Continence</b> Residents with catheters or partial or total loss of bowel or bladder control.	7	58.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b> Residents receiving tube feedings or requiring assistance with eating.	4	33.3	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	4	33.3	45.4	50.8
<b>Residents requiring restraints.</b>	6	50.0	39.3	41.3
<b>Confused or disoriented residents.</b>	6	50.0	50.6	58.4
<b>Residents with bed sores.</b>	1	8.3	7.3	7.1
<b>Residents receiving special skin care.</b>	2	16.7	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE ST JOSEPH HOSPITAL OF KIRKWOOD

<b>Street Address:</b>		<b>City and State:</b>	
525 COUCH AVENUE		KIRKWOOD MO 63122	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE SNF	20	NON-PROFIT RELIGIOUS	09/23/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>		
6	6	0		

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	6	100	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	6	100	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	6	100	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	5	83.3	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	2	33.3	64.6	68.2
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	1	16.7	36.9	37.7
<b>Completely bedfast residents.</b>	2	33.3	3.0	3.4
<b>Residents confined to chairs.</b>	3	50.0	45.4	50.8
<b>Residents requiring restraints.</b>	1	16.7	39.3	41.3
<b>Confused or disoriented residents.</b>	1	16.7	50.6	58.4
<b>Residents with bed sores.</b>	1	16.7	7.3	7.1
<b>Residents receiving special skin care.</b>	2	33.3	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LAPLATA NH

<b>Street Address:</b> OLD STAGE COACH RD		<b>City and State:</b> LA PLATA MO 63549	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 52	<b>Type of Ownership:</b> FEDERAL GOVERNMENT	<b>Survey Date:</b> 07/09/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 48	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 26		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	48	100	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	39	81.3	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	29	60.4	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	28	58.3	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	21	43.8	61.4	59.1
Residents on individually written bowel and bladder retraining program.	2	4.2	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	15	31.3	33.1	29.3
<b>Completely bedfast residents.</b>	0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>	4	8.3	40.6	39.1
<b>Residents requiring restraints.</b>	8	16.7	35.5	31.7
<b>Confused or disoriented residents.</b>	8	16.7	49.0	55.8
<b>Residents with bed sores.</b>	4	8.3	5.7	4.7
<b>Residents receiving special skin care.</b>	8	16.7	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	NOT MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LAKEVIEW HEALTH CARE CENTER

<b>Street Address:</b>		<b>City and State:</b>	
206 WEST FIRST STREET		LAMAR, MO 64759	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	123	PROPRIETARY	10/21/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
101	0	52	

**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	65	64.4	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	76	75.2	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	60	59.4	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	53	52.5	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	54	53.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	3	3.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	21	20.8	36.9	37.7
<b>Completely bedfast residents.</b>	1	1.0	3.0	3.4
<b>Residents confined to chairs.</b>	45	44.6	45.4	50.8
<b>Residents requiring restraints.</b>	23	22.8	39.3	41.3
<b>Confused or disoriented residents.</b>	46	45.5	50.6	58.4
<b>Residents with bed sores.</b>	8	7.9	7.3	7.1
<b>Residents receiving special skin care.</b>	37	36.6	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	NOT MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

# NURSING HOME PROFILE

## LAURIE NURSING HOME

<b>Street Address:</b>		<b>City and State:</b>	
PO BOX 1068		LAURIE MO 65038	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID ICF	60	NON-PROFIT OTHER	11/10/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>		<b>Medicare Residents:</b>		<b>Medicaid Residents:</b>	
59		0		32	
<b>Caution:</b> A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.		FACILITY		STATE	NATION
		#	%	%	%
<b>Bathing</b>					
Residents requiring some or total assistance in bathing.		56	94.9	82.7	78.3
<b>Dressing</b>					
Residents requiring some or total assistance in dressing.		51	86.4	80.2	76.7
<b>Toileting</b>					
Residents requiring some or total assistance in toileting.		50	84.7	67.9	63.4
<b>Transferring</b>					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.		51	86.4	69.7	66.0
<b>Continence</b>					
Residents with catheters or partial or total loss of bowel or bladder control.		42	71.2	61.4	59.1
Residents on individually written bowel and bladder retraining program.		0	0.0	5.0	6.1
<b>Eating</b>					
Residents receiving tube feedings or requiring assistance with eating.		22	37.3	33.1	29.3
<b>Completely bedfast residents.</b>		0	0.0	2.0	3.6
<b>Residents confined to chairs.</b>		19	32.2	40.6	39.1
<b>Residents requiring restraints.</b>		31	52.5	35.5	31.7
<b>Confused or disoriented residents.</b>		31	52.5	49.0	55.8
<b>Residents with bed sores.</b>		3	5.1	5.7	4.7
<b>Residents receiving special skin care.</b>		9	15.3	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE SMITHVIEW MANOR NH

<b>Street Address:</b> 210 W 8TH TERR		<b>City and State:</b> LAWSON MO 64062	
<b>Participation:</b> MEDICAID ICF	<b># of Beds:</b> 60	<b>Type of Ownership:</b> PROPRIETARY	<b>Survey Date:</b> 08/20/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 57	<b>Medicare Residents:</b> 0	<b>Medicaid Residents:</b> 29
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Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	34	59.6	82.7	78.3
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	52	91.2	80.2	76.7
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	46	80.7	67.9	63.4
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	48	84.2	69.7	66.0
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	37	64.9	61.4	59.1
Residents on individually written bowel and bladder retraining program.	0	0.0	5.0	6.1
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	28	49.1	33.1	29.3
<b>Completely bedfast residents.</b>	1	1.8	2.0	3.6
<b>Residents confined to chairs.</b>	40	70.2	40.6	39.1
<b>Residents requiring restraints.</b>	15	26.3	35.5	31.7
<b>Confused or disoriented residents.</b>	31	54.4	49.0	55.8
<b>Residents with bed sores.</b>	1	1.8	5.7	4.7
<b>Residents receiving special skin care.</b>	9	15.8	27.7	24.0



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	1	0.8	65	1.2
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	7	5.5	198	3.6
Each resident is free from mental and physical abuse.	MET	0	0.0	79	1.4
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	25	19.5	564	10.3
Each resident is given privacy during treatment and care of personal needs.	MET	27	21.1	798	14.6
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	25	0.5
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	0	0.0	89	1.6
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	0	0.0	0	0.0
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	0	0.0	25	0.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	0	0.0	0	0.0
Nursing services are provided at all times to meet the needs of residents.	MET	8	6.3	335	6.1
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	40	31.3	1187	21.7
Each resident receives care necessary to prevent skin breakdown.	NOT MET	32	25.0	679	12.4
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	15	11.7	382	7.0
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	16	12.5	807	14.8
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	16	12.5	700	12.8

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	9	7.0	255	4.7
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	MET	31	24.2	748	13.7
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	12	9.4	601	11.0
Drugs are administered according to the written orders of the attending physician.	MET	47	36.7	1385	25.3
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	NOT MET	32	25.0	1045	19.1
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	4	3.1	269	4.9
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	13	10.2	311	5.7
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	8	6.3	481	8.8
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	6	4.7	479	8.8
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	14	10.9	1064	19.4
All common resident areas are clean, sanitary and free of odors.	NOT MET	39	30.5	1169	21.4
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	0	0.0	0	0.0
Resident care equipment is clean and maintained in safe operating condition.	MET	0	0.0	0	0.0
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	0	0.0	0	0.0
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	8	6.3	267	4.9
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	64	50.0	2452	44.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LEBANON CARE CTR

<b>Street Address:</b>		<b>City and State:</b>	
596 MORTON RD		LEBANON MO 65536	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICARE/MEDICAID SNF/ICF	180	PROPRIETARY	07/21/87

### SELECTED RESIDENT CHARACTERISTICS

Total Residents on Day of Survey:	Medicare Residents:	Medicaid Residents:			
180	1	123			
Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.	FACILITY		STATE	NATION	
	#	%	%	%	
Bathing					
Residents requiring some or total assistance in bathing.	127	70.6	84.0	81.5	
Dressing					
Residents requiring some or total assistance in dressing.	135	75.0	81.7	83.2	
Toileting					
Residents requiring some or total assistance in toileting.	120	66.7	70.9	73.8	
Transferring					
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	150	83.3	72.8	77.2	
Continence					
Residents with catheters or partial or total loss of bowel or bladder control.	104	57.8	64.6	68.2	
Residents on individually written bowel and bladder retraining program.	0	0.0	3.6	4.6	
Eating					
Residents receiving tube feedings or requiring assistance with eating.	54	30.0	36.9	37.7	
Completely bedfast residents.	4	2.2	3.0	3.4	
Residents confined to chairs.	95	52.8	45.4	50.8	
Residents requiring restraints.	58	32.2	39.3	41.3	
Confused or disoriented residents.	85	47.2	50.6	58.4	
Residents with bed sores.	7	3.9	7.3	7.1	
Residents receiving special skin care.	11	6.1	28.2	31.2	



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	NOT MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE LEE'S SUMMIT NURSING CTR

<b>Street Address:</b>		<b>City and State:</b>	
615 SOUTHWEST OLDHAM PARKWAY		LEE'S SUMMIT MO 64063	
<b>Participation:</b>	<b># of Beds:</b>	<b>Type of Ownership:</b>	<b>Survey Date:</b>
MEDICAID SNF/ICF	120	PROPRIETARY	10/26/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b>	<b>Medicare Residents:</b>	<b>Medicaid Residents:</b>	
91	0	91	

Caution: A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	86	94.5	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	78	85.7	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	51	56.0	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	59	64.8	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	51	56.0	64.6	68.2
Residents on individually written bowel and bladder retraining program.	2	2.2	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	19	20.9	36.9	37.7
<b>Completely bedfast residents.</b>	0	0.0	3.0	3.4
<b>Residents confined to chairs.</b>	51	56.0	45.4	50.8
<b>Residents requiring restraints.</b>	36	39.6	39.3	41.3
<b>Confused or disoriented residents.</b>	41	45.1	50.6	58.4
<b>Residents with bed sores.</b>	7	7.7	7.3	7.1
<b>Residents receiving special skin care.</b>	35	38.5	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	NOT MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	NOT MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	NOT MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

Reminder: These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	NOT MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	NOT MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	NOT MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	MET	144	50.7	4050	42.8

Reminder: The results of the full survey are available from the State survey agency or the State ombudsman.

## NURSING HOME PROFILE VILLAGE CARE CTR

<b>Street Address:</b> 1702 W OBRIEN RD		<b>City and State:</b> LEES SUMMIT MO 64063	
<b>Participation:</b> MEDICARE/MEDICAID SNF/ICF	<b># of Beds:</b> 312	<b>Type of Ownership:</b> NON-PROFIT PRIVATE	<b>Survey Date:</b> 05/06/87

### SELECTED RESIDENT CHARACTERISTICS

<b>Total Residents on Day of Survey:</b> 296	<b>Medicare Residents:</b> 3	<b>Medicaid Residents:</b> 22		
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**Caution:** A large number of residents with these characteristics does not indicate whether those residents are receiving appropriate or inappropriate care. It may reflect the facility's ability to provide highly specialized care and services.

	FACILITY		STATE	NATION
	#	%	%	%
<b>Bathing</b>				
Residents requiring some or total assistance in bathing.	192	64.9	84.0	81.5
<b>Dressing</b>				
Residents requiring some or total assistance in dressing.	250	84.5	81.7	83.2
<b>Toileting</b>				
Residents requiring some or total assistance in toileting.	205	69.3	70.9	73.8
<b>Transferring</b>				
Residents requiring some or total assistance moving from bed to chair or to tub or toilet.	218	73.6	72.8	77.2
<b>Continence</b>				
Residents with catheters or partial or total loss of bowel or bladder control.	182	61.5	64.6	68.2
Residents on individually written bowel and bladder retraining program.	6	2.0	3.6	4.6
<b>Eating</b>				
Residents receiving tube feedings or requiring assistance with eating.	109	36.8	36.9	37.7
<b>Completely bedfast residents.</b>	25	8.4	3.0	3.4
<b>Residents confined to chairs.</b>	107	36.1	45.4	50.8
<b>Residents requiring restraints.</b>	69	23.3	39.3	41.3
<b>Confused or disoriented residents.</b>	161	54.4	50.6	58.4
<b>Residents with bed sores.</b>	13	4.4	7.3	7.1
<b>Residents receiving special skin care.</b>	71	24.0	28.2	31.2



## SELECTED PERFORMANCE INDICATORS

"Facility" column indicates deficiencies found at the time of survey. The Federal Government requires facilities to correct deficiencies immediately or to submit a plan indicating deficiencies will be corrected within a reasonable period of time. "State" and "Nation" columns indicate number and percentage of occurrence of deficiencies in other facilities in the State and Nation. "Met" means that the facility is in compliance with the specific requirement. "Not Met" means the facility was deficient in the indicated area at the time of the survey.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
The facility ensures that its written procedures regarding the rights and responsibilities of residents are followed.	MET	2	0.7	201	2.1
The facility uses a system that assures full and complete accounting of residents' personal funds. An accounting report is made to each resident in a skilled nursing facility every three months.	MET	18	6.3	518	5.5
Each resident is free from mental and physical abuse.	MET	3	1.1	168	1.8
Drugs to control behavior and physical restraints are only used when authorized by a physician in writing for a specified period of time or in emergencies.	MET	52	18.3	806	8.5
Each resident is given privacy during treatment and care of personal needs.	MET	64	22.5	1618	17.1
Each resident is allowed to communicate, associate and meet privately with individuals of his/her choice unless this infringes upon the rights of another resident.	MET	0	0.0	36	0.4
Each resident is allowed to retain and use his/her personal possessions and clothing as space permits.	MET	4	1.4	205	2.2
Except in a medical emergency, a resident is not transferred or discharged, nor is treatment changed radically, without consultation with the resident or, if the resident is incompetent, without prior notification of next of kin or sponsor.	MET	2	0.7	30	0.3
The facility ensures that the health care of each resident is under the continuing supervision of a physician.	MET	2	0.7	145	1.5
Emergency services from a physician are available and provided to each resident who requires emergency care.	MET	1	0.4	49	0.5
Nursing services are provided at all times to meet the needs of residents.	MET	19	6.7	508	5.4
Each resident receives daily personal hygiene as needed to assure cleanliness, good skin care, good grooming, and oral hygiene taking into account individual preferences. Residents are encouraged to take care of their own self care needs.	MET	111	39.1	2816	29.8
Each resident receives care necessary to prevent skin breakdown.	MET	72	25.4	1733	18.3
Each resident with a bed sore receives care necessary to promote the healing of the bed sore including proper dressing.	MET	45	15.8	1052	11.1
Each resident who has problems with bowel and bladder control is provided with care necessary to encourage self control, including frequent toileting and opportunities for rehabilitative training.	MET	30	10.6	1512	16.0
Each resident with a urinary catheter receives proper routine care, including periodic evaluation.	MET	76	26.8	1665	17.6

## SELECTED PERFORMANCE INDICATORS

**Reminder:** These 32 selected performance indicators do not represent all the requirements a facility must meet. There are over 500 separate requirements. The information presented below does not reflect the severity or the duration of the problems leading to a deficiency. A deficiency may represent an ongoing problem or a one-time failure of a single staff person.

	FACILITY MET/ NOT MET	NUMBER & PERCENT OF FACILITIES NOT MEETING REQUIREMENTS			
		STATE		NATION	
		#	%	#	%
Each resident receives proper care for injections (shots), fluids supplied through tubes, colostomy/ileostomy, respiratory (breathing) and tracheotomy care, suctioning and tube feeding.	MET	45	15.8	1123	11.9
Each resident receives rehabilitative nursing care to promote maximum physical functioning to prevent loss of ability to walk or move freely, deformities and paralysis.	NOT MET	100	35.2	2045	21.6
Each resident needing assistance in eating or drinking is provided prompt assistance. Specific self-help devices are available when necessary.	MET	38	13.4	1662	17.6
Drugs are administered according to the written orders of the attending physician.	MET	114	40.1	2739	29.0
Menus are planned and followed to meet the nutritional needs of each resident in accordance with physicians' orders, and to the extent medically possible, based on the recommended dietary allowances of the Food and Nutrition Board of the National Research Council, National Academy of Sciences.	MET	70	24.6	1389	14.7
Therapy is provided according to orders of the attending physician in accordance with accepted professional practices by qualified therapists or qualified assistants.	MET	27	9.5	587	6.2
Services are provided to meet the residents' social and emotional needs by the facility or by referral to an appropriate social agency.	MET	38	13.4	816	8.6
An ongoing program of meaningful activities is provided, based on identified needs and interests of each resident. It is designed to promote opportunities for engaging in normal pursuits, including religious activities of the resident's choice, if any.	MET	25	8.8	1099	11.6
Appropriate staff develop and implement a written health care plan for each resident according to the instructions of the attending physician.	MET	27	9.5	1270	13.4
Toilet and bath facilities are clean, sanitary, and free of odors.	MET	35	12.3	1216	12.9
All common resident areas are clean, sanitary and free of odors.	NOT MET	43	15.1	1041	11.0
All essential mechanical and electrical equipment is maintained in safe operating condition.	NOT MET	62	21.8	1413	14.9
Resident care equipment is clean and maintained in safe operating condition.	NOT MET	48	16.9	1408	14.9
Isolation techniques to prevent the spread of infection are followed by all personnel.	NOT MET	64	22.5	2340	24.7
The facility has available at all times a quantity of linen essential for proper care and comfort of residents.	MET	14	4.9	700	7.4
Food is stored, refrigerated, prepared, distributed, and served under sanitary conditions.	NOT MET	144	50.7	4050	42.8

**Reminder:** The results of the full survey are available from the State survey agency or the State ombudsman.

DATE DUE




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